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SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

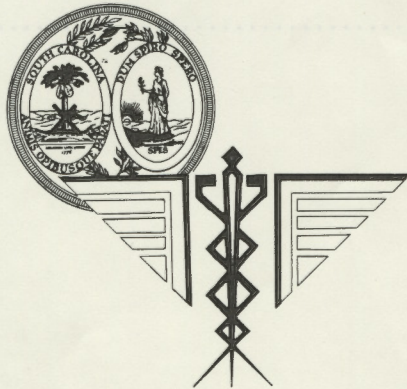
ANNUAL REPORT 1974-75



Printed Under the Direction of the
State Budget and Control Board

**SOUTH CAROLINA
DEPARTMENT OF
MENTAL HEALTH**

**ANNUAL REPORT
1974-75**

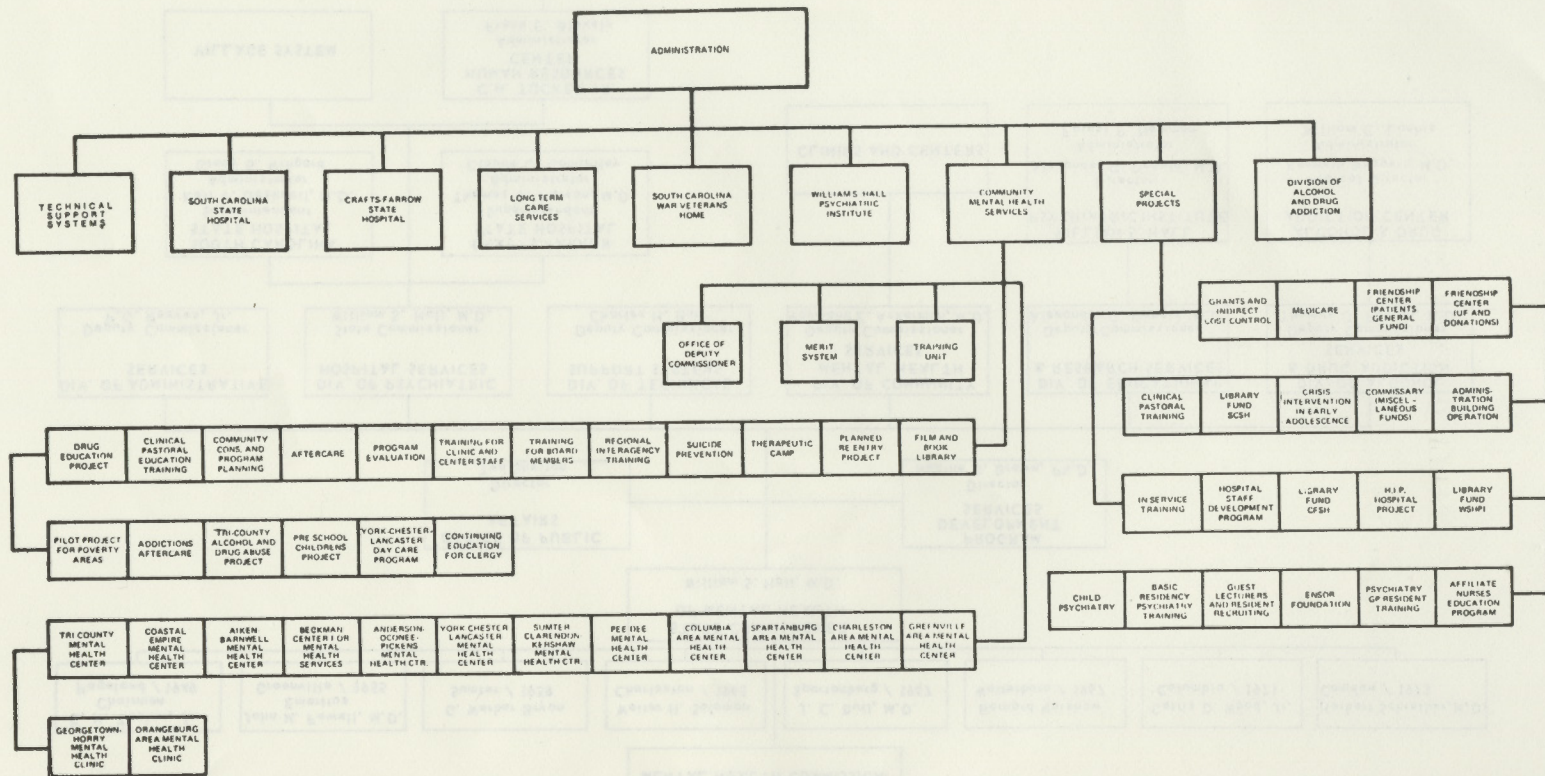


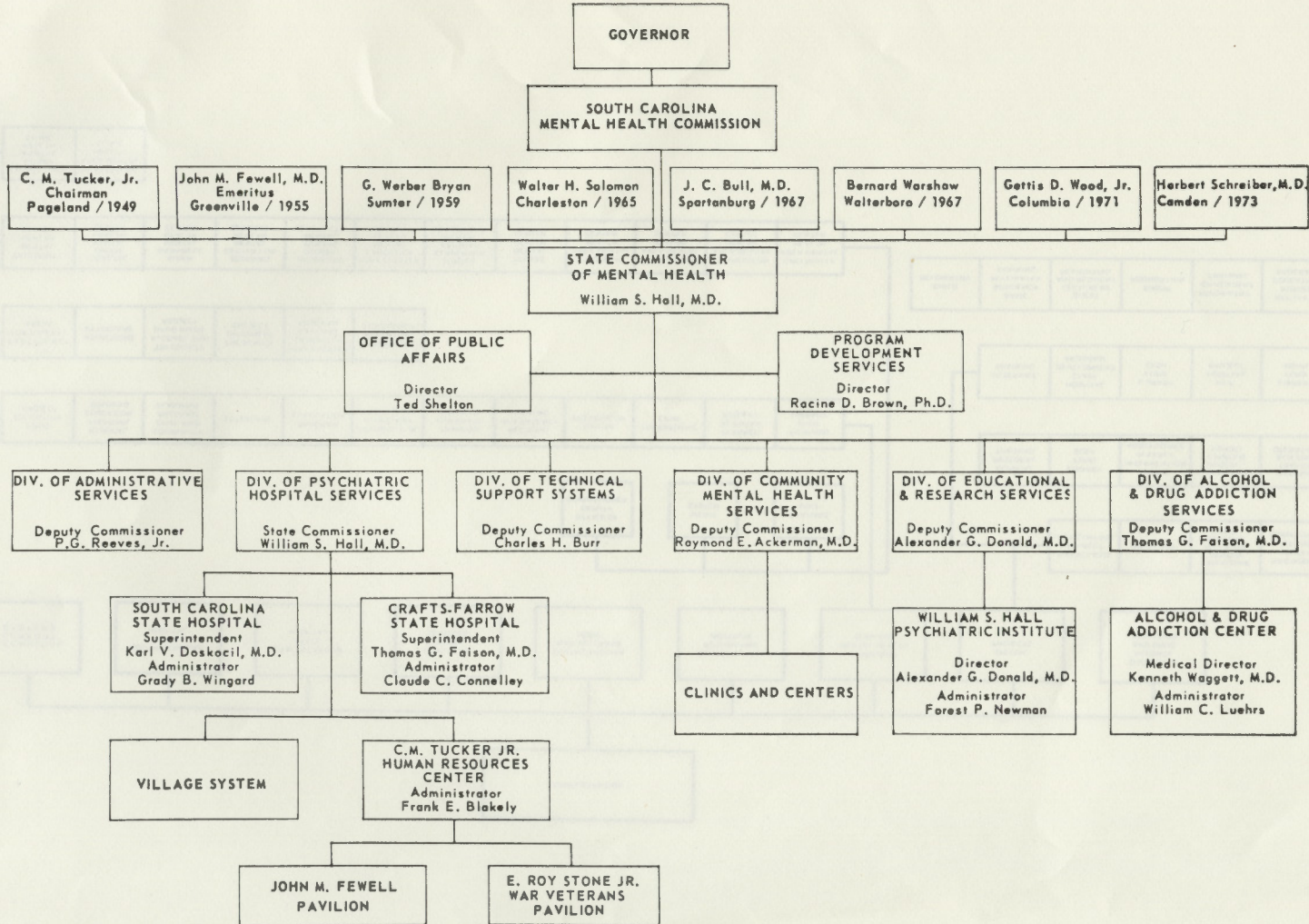
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TABLE OF CONTENTS

The Commissioner Comments	8
Department of Archives and History	16
Division of Administrative Services	18
South Carolina State Hospital	35
Crafts-Farrow State Hospital	78
William S. Hall Psychiatric Institute	102
C. M. Tucker, Jr. Human Resources Center	111
Community Mental Health Services	116
Division of Alcohol and Drug Addiction	145
Statistics	160







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This Annual Report is an official publication of the South Carolina Department of Mental Health, William S. Hall, M.D., State Commissioner of Mental Health.

Ted Shelton *Director of Public Affairs*
Chief of Information

Susan Craft *Editor*
Public Information Specialist

LIST OF PUBLICATIONS

1. Annual Report (annually, on fiscal year basis)
2. The *Report*, monthly employee newsletter
3. *Psychiatric Forum*, professional journal published quarterly by the William S. Hall Psychiatric Institute
4. *D²-Data and Dialogue*, Community Mental Health Services monthly employee newsletter
5. *Digest*, quarterly departmental magazine

THE COMMISSIONER COMMENTS

In preparing these remarks I took time to review some past "State of the Department" remarks. Each report made such interesting reading, for in past years' reports I was caught up in current events. Those were times past, and now in the present tense, I can view those reports as promises made, and I can judge that they were promises kept.

The mental health care delivery system we offered the state in 1970 is much different from the "New Direction" we travel today. For we have made massive changes, and we have not dashed into chaos. Our change has not been rapid or sensational, for there were no funds for dramatic change.

We have not been able to totally rebuild S. C. State Hospital or Crafts-Farrow State Hospital, but we will. The funds we have had for improvements have been studiously applied toward patient comforts and increasing the space for treatment, and those are the key areas.

What we have built since that time, the C. M. Tucker Human Resources Center with its outstanding facilities, the John M. Fewell Pavilion and the E. Roy Stone War Veterans Pavilion, are valid examples of practical architecture built around realistic treatment programs.

And the same holds true with Morris Village, our new Alcohol and Drug Addiction Treatment Center, named in honor of our longtime friend, former Senator, former Lieutenant-Governor, and now a member of our governing board, Earle E. Morris, Jr.

Morris Village is another prime example of a modern architectural expression of the effective treatment program planned for the facility. Yet, it has been so maligned, so criticized that its program was almost compromised before it has had an opportunity to really get underway.

The new and revised commitment laws went into effect January 5 and it has been demanding in time and effort to make this law work as it was envisioned and written. There are many problem areas, as there are with any new law, but I must state here we will make this law work, because it is a law which guarantees a person his constitutional rights.

It needs certain revisions and amendments but several of these were proposed to the General Assembly last year and we can expect action on the more seriously needed changes at the upcoming session.

What gives me the most concern about this law is that while it fully protects the prospective patient from the legal standpoint it does little to recognize his needs from the medical standpoint.

It represents a full swing of the pendulum from what might gener-

ously be called a medical-legal paternalism of the 1950's, when the law was last revised, to what is strictly a legal process and procedure today.

While I fully support the rights of patients and believe they should be fully observed in the commitment process, I do think that the law is too strict and that in many instances, in protecting the patient, it at the same time deprives or denies him the access to treatment needed.

The law is also cumbersome and inhumanitarian especially as it requires the transport of the patient back and forth from county to hospital and back to county and so forth in carrying out the requirements of this law.

This represents a potential harm to the patient in borderline physical condition, and it has placed a tremendous transportation strain on numerous hospital employees. We have asked for a change in the law in this area.

Five years ago, I noted that one of the most notable steps that year was approval by the Mental Health Commission "... of a new master plan for the South Carolina Department of Mental Health. Called the 'Village Concept', it represents a dramatic departure from the systems of hospital we know today."

That was quite a promise. Yet, what does the record show?

On a new campus adjacent to Crafts-Farrow State Hospital the first Village of the four-Village System is now well under construction and on schedule.

The Department has in hand the site deeds for similar Village construction in Anderson to serve the Piedmont area; a site between Darlington and Florence to serve the Pee Dee area; and we are now negotiating for a site to serve the low-state coastal area.

Certainly the Village concept is new, but the criticism which has already come forth looks only at the architecture, and not at the treatment program.

The criticism does not look at the vital and highly desirable community linkage, with the intensive treatment program occurring within a physical environment which in itself is therapeutic.

Back in 1970 I used the phrase "... hospitals as we know them today."

And what does the record show?

It shows South Carolina State Hospital operating a highly effective geographical unit system, already putting into practice that vital community contact.

It shows Crafts-Farrow State Hospital clearly trying to define its patient population, to sort out the elderly and infirm from the mentally ill, to make provisions for the mentally retarded, trying to overcome an onslaught of admissions over the years which gave to it

the repugnant image of the state's "dumping ground."

And have our programs been effective? Again let's look at the record. The resident patient population at the S. C. State Hospital as of September 30 was 1,814 and at Crafts-Farrow it was 1,862. The total for both state hospitals is 3,676. I want to emphasize this is the lowest patient population since 1938 . . . in fact our all time high was 6,697 in 1962.

Let us look at S. C. State Hospital where implementation continued on the Unit System, a practical plan which parallels the concepts to be followed in the Village System, where specific buildings are linked with designated geographic areas of the state.

Since July, 1974, S. C. State Hospital has been devoting its full energies toward change, transition, and reorganization, things that will make the Unit System work, with the constant goal being implementation of programs which provide improved treatment services for all patients.

To accomplish this these treatment programs were established as units which related to specific geographic regions of the state or provided specialized treatment services.

One of the greatest physical challenges of such an endeavor is to bring about the transfer of patients from one residential setting to another with the least amount of emotional impact and to provide a more equitable distribution of staff and other resources throughout the hospital.

Statistics to date, I think, point to the justification of the Unit concept and to the effectiveness of the new approach. During the Fiscal Year, 1974-75, there was a 12.4 per cent reduction in patient population. Preliminary statistics for the fiscal year to date indicate that this momentum is being maintained.

Crafts-Farrow State Hospital has likewise experienced an exciting period in this projected decade of change. Three specific areas merit our attention:

- 1) an intensive and workable exit program for new admissions;
- 2) a realistic and workable exit program for chronic elderly patients;
- 3) a special program for the mental retardates.

Crafts-Farrow is making a serious and highly commendable effort in assessing its own potential and/or transition from an overly large and overcrowded psychiatric facility to a geriatric center of both short-term and long-term programs to meet specific needs. To date its efforts have been effective and in keeping with the demands of a sound professional approach.

In the case of both S. C. State Hospital and Crafts-Farrow we have had to be extremely careful. From some quarters I have heard too many over simplifications, too much rhetoric about getting patients

out and back into the community, too much downgrading of the importance of the work of the central institutions.

We are dealing with human beings who are sick, and while dealing with their emotions we are also dealing with the emotions of families and communities and we are still, even in 1975, dealing with a prejudice against the mentally ill that has not been entirely erased.

We are also dealing, as we do in the central institutions, with limited funds. There is a conflict of interest here that must be resolved.

Without community support, without communities being ready to receive the discharged patient with both expanded programs and alternate facilities, at a higher cost than the current cost of hospitalization, then it does little good to discharge a patient . . . viewed from a purely economic point of view.

If the ex-patient cannot make it on his own within the community without supportive techniques, then what have we accomplished by early, or questionable release?

I couldn't help but notice that while many were quick to talk of the advantages of the Mendota Project recently they did not want to talk too much about costs. And after one studies the Mendota Project as I have and as have many in this Department, and we brush away many of the idealistic innovative claims we find that what we have really is hospital level services and treatment programs without hospitalization. I'm sure that is an over-simplification, perhaps it is not too exaggerating to say that professionals "baby-sit" the patient in the community.

We have a counterpart to the Mendota Project already in operation, it is our COIL Project in Columbia. It is also less costly and in the main, I think, it is a more realistic approach.

COIL takes patients from the hospital and works with them on reorientation and re-entry into the community, from planning and preparing their own menus and meals to balancing the checkbook, to getting to and from work, all of the many skills which one must have to cope with community living, in fact COIL means Community Orientation to Independent Living.

I don't have time to dwell argumentively along these lines for I want to turn to what has been happening in the Division of Community Mental Health Services.

Three additional facilities, the York-Chester-Lancaster, the Pee Dee and the Coastal Empire Mental Health Centers attained full comprehensive mental health center status this past year, now bringing to 10 the total of comprehensive centers in operation. Only four clinics remain to make the transition in our planned 14-center system with whatever satellite operations as may be necessary to truly make

the system community-based with operative programs in the 14 mental health regions of the state.

Significantly, with a budget of just half of what was requested, expansion occurred in the precare and aftercare programs in the community system.

This the centers and clinics were able to accomplish by negotiating agreements with 55 private physicians for working with the precare and aftercare patients, and by similar agreements with 21 general hospitals for short-term hospitalization to prevent, or at least postpone, commitment to the central facilities.

During the 1974-75 fiscal year there were 5,008 precare contracts with private physicians and 104 precare hospitalizations paid all or in part from precare/aftercare funds, and 523 precare hospitalizations paid from third party payments. There are 6,552 active aftercare patients receiving services in our fourteen clinics and centers and there are group Aftercare Programs available in 38 of the State's 46 counties.

A new Autistic Children's Program was placed into operation in the Columbia area. Charleston and Spartanburg programs are well underway and planning is proceeding for a fourth program for autistic children to serve the Florence area.

This past summer the therapeutic camp for emotionally disturbed children occupied new and permanent quarters on Lake Hartwell. We are extremely grateful to the officials of Clemson University for their full cooperation in the development of this new and beautiful and permanent home for this Camp Logan program.

Within the framework of the Central Office here in Columbia there has been the task of roganizational restructuring to meet the broader and ever-expanding needs. This restructuring has been consistent with the operational Unit System at S. C. State Hospital and the projected regional planning for the Village Systems.

The William S. Hall Psychiatric Institute has kept pace with the progress of the Department and continues to build upon its ever spreading reputation as an institution of outstanding professional teaching, training and research programs.

Just recognition of reputation came this year with the selection of the Institute to serve as the Department of Neuropsychiatry and Behavioral Science for the new School of Medicine of the University of South Carolina.

No doubt we will all reap great benefits from this affiliation, and at substantial financial savings to the state.

While the Institute's primary purpose is not direct services to the individual patients, quality patient care has been and is an essential and integral part of the clinical teaching programs. During the past

fiscal year, 692 patients were treated as inpatients for a total of 34,957 patient days and more than 8,700 outpatient visits were recorded in its several outstanding and unique clinic programs.

There are many highlights in the past year's program of the C. M. Tucker Jr. Human Resources Center and its two key facilities, The John M. Fewell Pavilion for intermediate and skilled nursing care patients, and the E. Roy Stone Jr. War Veterans Home.

This past January, the center facilities were surveyed by the Long Term Care Council of the Joint Commission on Accreditation of Hospitals and the result was a full two-year accreditation of the entire Tucker Center Program.

This, in turn, resulted in an expansion of the affiliation between Tucker Center and the University of South Carolina College of Nursing and this will play an important part in establishing a field placement program for graduate level social work students at the center.

Monday, October 27, is one of those unique redletter days on this year's calendar for the Department of Mental Health. It is the day that we will officially and formally dedicate Morris Village, the Earle E. Morris, Jr. Alcohol and Drug Addiction Treatment Center.

But what was the dream and the idea of the Legislative-Governor's Committee on Mental Health and Mental Retardation almost 10 years ago, under the chairmanship of then Senator Earle Morris, is now a reality.

There are four major goals in the Department's 10-year plan, its "New Direction" for its mental health care delivery system:

- 1) A constant reduction of the patient population at the central institutions to its lowest possible level and a change in the roles of the central institutions to more specific and specialized service roles rather than the broad and general psychiatric programs now demanded of these facilities.
- 2) New and modern intensive treatment psychiatric facilities through the construction of the four planned villages in key geographic areas of the state, the Midlands, the Piedmont, the Pee Dee and the Low-state coastal area.
- 3) Completion of the 14-center community mental health system with broad and expanded programs to provide screening, pre-care and whatever professional level programs are required to serve outpatient, inpatient and short-term hospitalization needs of persons within the community setting; and this includes the development of half-way houses and other alternate facilities which are practical to the goal of prevention or postponement of hospitalization.
- 4) A continuation of the broad and practical working relationship the Department of Mental Health has with its several sister

agencies and development of a program of exchange, coordination and cooperation in programs of mutual patient interest.

Four operational Villages, a fully operational system of community mental health centers and satellites, smaller and smaller central institutions to handle the long-term chronic or special-needs category of patients, special needs beyond that which can be provided in the communities or the Villages.

This is the "New Direction" we promised in 1970. This is the "New Direction" which still has validity and momentum in 1975 because it is working.

Our critics counter with statements that it has not been done fast enough, and I would be the first to agree. But at no time during the past five years, nor the five years preceeding, nor any year in its history has the Department of Mental Health been fully funded up to the minimum needs as set forth in the studiously prepared budget requests.

Our governing Board, the Mental Health Commission, has stated in clear terms that our policies and our planning are sound. These are all men of proven good judgement and personal and professional integrity.

I place my personal and professional qualifications on the line, and I say our planning and our programs are sound, are reasonable, are practical and they are the very best that we can get for the funds appropriated to us.

Regardless of how long and how much the controversy swirls around us, regardless of the tension and anxiety we feel as we try to do our best only to have our best answered with the worst and most insulting sort of personal criticism, the patients still turn to us for the help they must have, the help they are entitled to, the hope they must have.

We are at the midpoint of our 10-year plan, our "New Direction", we are at the threshold of something great in the putting together and operation of a mental health care delivery system which will be second to none.

FINANCIAL STATEMENT

July 1, 1974—June 30, 1975

Expenditures 1974-75:

Office of State Commissioner:

Salary & Wages	\$ 110,791.57
Total	110,791.57

Division of Administrative Services:

Salary & Wages	1,656,697.87
Other Classes	<u>422,970.31</u>
Total	2,079,668.18

Division of Technical Support:

Salary & Wages	453,962.60
Other Classes	<u>539,820.33</u>
Total	993,782.93

Community Mental Health:

Salary & Wages	5,728,433.44
Other Classes	<u>3,278,111.47</u>
Total	9,006,544.91

Psychiatric Hospital:

Salary & Wages	21,995,413.41
Other Classes	8,567,661.56
Voc. Rehab. (State Quota)	<u>167,633.15</u>
Total	30,730,708.12

C. M. Tucker Center:

Salary & Wages	1,285,081.31
Other Classes	<u>511,146.63</u>
Total	1,796,227.94

Division of Education, Research Services:

Salary & Wages	2,968,573.94
Other Classes	634,255.79
Voc. Rehab. (State Quota)	<u>9,005.02</u>
Total	3,611,834.75

Division of Alcohol & Drug Addiction:

Salary & Wages	778,801.54
Other Classes	398,014.67
Voc. Rehab. (State Quota)	<u>4,898.80</u>
Total	1,181,715.01

Special Projects:

Salary & Wages	364,932.13
Other Classes	<u>274,156.49</u>
Total	639,088.62
Grand Total	<u>50,150,362.03</u>

Source of Funds:

State Appropriation	39,839,402.71
Federal Grants	3,311,166.73
Local Funds	2,219,185.84
Alcoholic Taxes, Fees & Fines	176,700.75
Institutional Revenue	834,147.00
Medicaid	<u>3,769,759.00</u>
Total	<u>50,150,362.03</u>

Revenue Statement (Revenue Remitted to General Fund):**Community Mental Health:**

Institutional License Fees	\$ 255.25
Total	<u>255.25</u>

Psychiatric Hospital Services:

Rents	<u>8,156.08</u>
Total	<u>8,156.08</u>
Grand Total	<u>\$8,411.33</u>

ARCHIVES AND HISTORY DEPARTMENT

The Archives and History Department of the S. C. Department of Mental Health attracts an increasing number of visitors — local, statewide, national and international — as well as hundreds of high school and college students. Coming for tours are many patients in the hospital, the personnel and former patients. Officers in the Law Enforcement Training School of the S. C. Criminal Justice Academy regularly visit the Archives as part of their orientation program.

Many visitors are interested in the beautiful Archives and the historical displays; others are concerned with the history of South Carolina mental health facilities, special therapies, diagnoses, genealogy, etc. Individuals and faculty members from statewide and out of the state colleges and universities come for assistance in research.

The numerous inquiries necessitate extensive research which emphasizes the vitally important purpose of the Archives to protect,

preserve and maintain the valuable records.

The Archives and History Department is located in the entire East wing, ground level of the 1822 Mills Building, the original mental hospital in South Carolina (The Lunatic Asylum) designed by the internationally famous architect, Robert Mills of South Carolina. The Mills Building has been entered on the National Register of Historic Places by the United States Department of the Interior under the provisions of the National Historic Preservation Act of 1966.

South Carolina was the second State to authorize and finance a hospital for the mentally ill, and the Mills Building is the oldest state hospital in the nation in continuous use. This is now a multiple purpose facility.

The Archives and History Department was authorized by the S. C. Mental Health Commission on July 1, 1967 for Mrs. Inez Nolan Fripp, Director, upon her retirement as executive secretary of Dr. William S. Hall, S. C. State Commissioner of Mental Health. She created and continues to develop this historical, informative department.

DIVISION OF ADMINISTRATIVE SERVICES

BUDGETS

The South Carolina Department of Mental Health requested State Appropriations, for fiscal year 1975-76, in the amount of \$52,167,353 representing an increase of \$11,437,948 or 28%. The major reasons for this request were:

- 1) To meet minimum standards of accreditation
- 2) Federal court suit
- 3) Pay patients minimum wage
- 4) Meet rising prices resulting from inflationary pressures

Of our requested \$52,167,353, the General Assembly approved \$44,181,552 or an 8.5% increase. The major item suffering from this lack of funding is in the area of new positions. We requested 883 new positions amounting to \$6,337,607 and received approval for 104 new positions amounting to \$896,811.

EMBALMING

Vital Statistics published by the U. S. Department of Health, Education and Welfare showed the provisional death rate at 9.1 per 1,000 population, a reduction of 3 percent from 1973. This was true of the death rate at the Department of Mental Health. As compared to 1973-74, 467 deaths, there were 426 for 1974-75. Of these there were 36 autopsies performed and bodies embalmed for the receiving funeral homes.

ENGINEERING AND PLANNING SECTION

In cooperation with the Clemson Architectural Foundation, Master Planning for the Village System continued throughout 1974/75.

Construction was begun on Village "A" in February of 1975 and is progressing on schedule despite serious site difficulties. Completion is anticipated in February of 1977.

The site for Village "B" has been chosen in the Anderson Area. Architects interested in this project have been interviewed by the Commission but a selection has not been made.

Village "C" will have the next priority.

Problems with the Addiction Center have continued throughout the year. The second contractor walked off the job in June 1975. Bids

will be taken for the selection of a third contractor in July. Completion is hoped for in the Fall of 1975.

The Central Utility System for the new lake complex beyond Crafts-Farrow is complete.

Improvements of existing buildings and facilities are continuing. Major projects include air-conditioning six buildings, four at South Carolina State Hospital and two at Crafts-Farrow State Hospital; a new Supply and Linen Distribution Center at Crafts-Farrow State Hospital; expansion of the laboratory facilities at Crafts-Farrow State Hospital; expansion of the Dental Clinic at Crafts-Farrow State Hospital; addition to the Administration Building at Crafts-Farrow State Hospital; a new Canteen and Post Office at Crafts-Farrow State Hospital; and addition to the Warehouse at South Carolina State Hospital.

The new Information and Fire Alarm System serving all facilities is currently being installed and should be completed November, 1975.

FORMS CONTROL SECTION

The Forms Control Section has progressed during this fiscal year. The first full-year operation of the Forms Supply Room under the automated inventory system and with one full-time employee has provided controls that have made our operation smoother and more efficient and has shown savings from these standpoints. Users are experiencing only occasional delays in obtaining needed forms and the back-order system which was instituted this year prevents duplication of effort in reordering. Three reports which are generated along with weekly updated forms catalogs by forms number and class provide a means for auditing from several angles.

SCDMH continues to generate many publications and forms and to make revisions in existing forms to be compatible with organizational and procedure changes. The development of several pilot projects has added considerably to our workload for design and composition work. To update present methods and meet work demands, we have obtained approval and have purchased a new piece of equipment at a cost of about \$12,000 which will be delivered early next year. We hope this equipment will allow us to continue to operate with only the two employees now assigned to the Forms Control Section.

FRIENDSHIP CENTER

This was a year of change for Friendship Center. It moved from the old house on Green Street to occupy a portion of the facility leased for the Center for Orientation for Independent Living (Project COIL) at

1135 Carter Street (Columbia). The Center provides recreation and social rehabilitation for young people and adults who have had mental or emotional problems. It is open seven days a week and especially meets the social needs of the COIL residents in the adjacent apartment complex. The staff is composed of a newly hired executive director, part-time secretary and seven part-time professional group leaders who run the after hours programs. In addition to individual members, groups coming to the Center include: Columbia Area Mental Health Clinic Daycare and Adolescent Units; Community prep patients from Crafts-Farrow State Hospital and South Carolina State Hospital; Pre-delinquent adolescent girls from Caroselle House; Deaf students from Opportunity School; former State Hospital patients now living in boarding homes. Popular programs have included a personality development group called "For Women Only", square dance lessons, young people's night, trips into the community, and the "First Annual" homecoming picnic. The Center is supported by the Department of Mental Health, the United Way of Richland and Lexington Counties, and contributions. During the past fiscal year 4,882 units of service were provided at the cost of \$26,640.

GRANTS SECTION

The Grants Section has administered 48 grants during the 1974-75 fiscal year for a total of \$4,818,972. Ten of these were for Comprehensive Community Mental Health Centers. Community Mental Health Services also had twenty additional grants or contracts. South Carolina State Hospital had six grants; Crafts-Farrow State Hospital had five; William S. Hall Psychiatric Institute had four and Alcohol and Drug Addiction Center had three.

INTERNAL AUDITOR

Fourteen components (clinics and centers) of Community Mental Health Services have been audited in order to control operational functions. Recommendations as per State Auditor's Report concerning these components are in the stages of implementation. Policies and procedures for clinics and centers operational functions are nearing the final stages of development. Annual and monthly reports are being submitted to the United Way for grant allocations to the Friendship Center. Annual audits have been performed at the Pharmacies (SCSH and CFSH). Semi-annual audits of the SCDMH Commissary and recaps of inventory at the SCSH Warehouse have also been performed. Cost surveys of the Ice Cream Plant have been reported. At present, annual audits for the Canteens (SCSH and CFSH) and the Farm (CFSH) are being performed.

LEGAL BRANCH

The legal branch continues its primary function of the collection, enforcement and protection of the Department's claims and liens for medical care and maintenance rendered to patients. In addition, the legal branch provides counseling and/or assistance on a variety of matters which involve or could involve legal questions or problems.

LICENSING

There were twenty-four (24) Foster Community Care Homes surveyed for re-licensure which care for 289 residents.

One additional Foster Community Care Home was licensed during the year and we have nine (9) prospective homes.

There were three (3) Foster Community Care Homes to close during the year which care for twenty-four (24) residents. These homes are located in the Aiken and Saluda County areas.

There was one (1) Alcohol and Drug Abuse Treatment Center to close during the year which cares for nine (9) residents. This center is located in the Greenville County area.

A list consisting of forty-four (44) Chemical Abuse Treatment Centers and Homes was mailed to us from the S. C. Commission on Alcohol and Drug Abuse. Out of the forty-four (44), three (3) Centers are licensed, eight (8) Centers are exempt from being licensed, and thirty-three (33) are prospective Centers and Homes.

Travel amounted to 4,994 miles.

MESSAGE CENTER

The Department of Mental Health's Message Center, Central Information, mans the telephones 24 hours per day. Having changed to the State Centrex system December 14, 1973, the first full year of coverage was made. The Department now has a total of 1400 extensions at an approximate cost of \$15,000 per month for local service and approximately \$4,500 additional for long distance service. Although more costly than the old PBX System the Centrex service has greatly improved overall telephone service to the Department.

PATIENTS PERSONAL AFFAIRS

The Patients Personal Affairs Branch has sought to assist in the development of financial resources for patients and programs in our residential facilities.

We have attempted to obtain all benefits due each patient and to insure that the benefits are used to the patient's interest. These funds

have often provided the financial support which enables the patient to leave the institution.

Progress was made in the area of mental health care coverage by private insurance companies. After much negotiation, a contract was signed with the major insurer in South Carolina for uniform coverage in our psychiatric institutions.

Through the collaborative efforts of this Branch and hospital personnel, new programs have been financed through our Purchase of Service Agreement with the Department of Social Services. It is hoped that Title 20 legislation will allow continued expansion of service to those who need assistance.

PERSONNEL

Introduction

During the past fiscal year, the Personnel Office reviewed and updated many of the existing personnel policies and procedures of the South Carolina Department of Mental Health. New policies and procedures were researched and written as required.

Employment Activities

During the fiscal year 1974-75, a total of 5,751 initial interviews were conducted by the Employment Section resulting in the employment of 1,369 people. This represents a decrease of 15.5% over last year's employment. This was the result of the economic condition and a "freeze" on state employment imposed by the Governor of South Carolina.

The Psychological Corporation's Fundamental Achievement Series Test continues to be administered to prospective employees for Mental Health Specialist Trainee positions. This test is used as a screening device to reduce the number of new employees who are unable to pass the in-service training program. During the fiscal year 1974-75, a total of 1,311 people were tested with 884 qualifying. According to the in-service education sections, the applicants now going through in-service education training are, on the whole, of a much higher quality than those employed prior to the initiation of the test.

The Employment Section actively participated in programs to hire disadvantaged individuals. Around 50 people were hired through the regular and summer programs of the Comprehensive Manpower Program and the Richland County Manpower Program.

Classification-Compensation Section

Effective June 28, 1974, the State Personnel Division implemented the recommendations of the Brown Associates Consulting Firm with

regard to the Classification-Compensation Plan for all classified positions within state government.

The new compensation schedule consisted of 40 pay grades as opposed to 29 pay grades which had been used since the inception of the State Classification-Compensation system. All classified positions within the SCDMH were reallocated to the appropriate new pay grade. All classified employees of the Department of Mental Health received the difference between their old pay grade and the new pay grade or 7%, whichever was greater. All unclassified employees in the department received an 8% general increase as directed by the General Assembly.

In October, 1974, the SCDMH joined with the SCDMR in requesting that a new classification series be established in the direct patient care area. This series was to be used primarily in Nursing Service and provide adequate compensation and a career ladder for our non-professional nursing service employees.

Effective April 4, 1975, the new Mental Health Specialist series was established with the following individual classifications:

- Mental Health Specialist Trainee
- Mental Health Specialist I
- Mental Health Specialist II
- Mental Health Specialist Supervisor I
- Mental Health Specialist Supervisor II

Approximately 1,575 employees of the Department of Mental Health were reclassified on April 4, 1975, and placed in the appropriate classification in the Mental Health Specialist series.

The new minimum wage of \$2.00 per hour became effective on January 1, 1975. However, all classified employees of the department were making at least \$2.09 per hour at this time, and no change was required.

During the fiscal year, the departmental classification-compensation section in conjunction with State Personnel Division conducted comprehensive classification surveys in the following areas:

- Security
- X-Ray Technicians and Technologists
- Activity Therapies
- Data Processing
- Pharmacists
- Accounting Clerks
- Staff Assistants
- Dietitians

These surveys resulted in grade reallocations and the realignment of duties for individuals assigned to the affected classification.

During the fiscal year, approximately 2,500 employees of the SCDMH were reclassified, upgraded, promoted, etc. The classification-compensation section processed approximately 3,086 merit increases.

Employee Relations

The departmental Employee Relations Specialist held 158 individual counseling sessions which involved 59 employees. In addition to individual counseling, there were eight group meetings with employees, their supervisors and other facility officials. There were seven meetings held with representatives from other state agencies concerning complaints filed by employees of the South Carolina Department of Mental Health with other state agencies.

Monthly meetings were held by the departmental Employee Relations Specialist with facility personnel representatives to discuss mutual employee relation functions and specific individual facility employee relations problem areas.

During the fiscal year, there were twenty-two step 1, thirteen step 2, and two step 3 grievance hearings held within the South Carolina Department of Mental Health. There were no step 3 decisions appealed to the State Employee Grievance Committee.

The South Carolina Department of Mental Health 1975 United Way Campaign was conducted during the months of September and October, 1974. A total of \$24,986.70 was contributed during the campaign. A goal of \$26,000.00 was established by the United Way Fund Headquarters for the South Carolina Department of Mental Health; the department attained 96.10% of its goal.

The annual Cancer Fund Drive was conducted during the months of April and May, 1975. Employees of the South Carolina Department of Mental Health contributed a total of \$1,510.88. Existing records reveal that this is the greatest amount ever contributed by employees of the department during any Cancer Fund Drive.

The 1975 Heart Fund Campaign was conducted during the month of February, 1975. A total of \$1,750.06 was contributed by employees of the South Carolina Department of Mental Health. This amount far exceeded the contributions from any of the other participating 43 state agencies. For this achievement, the department was awarded the Heart Fund Citation, making it the first state agency in South Carolina to receive this award.

The annual campaign to raise funds for the Easter Seal Society for Crippled Children and Adults of South Carolina was conducted during the Easter season. A total of \$699.31 was contributed by employees of the South Carolina Department of Mental Health. Again this year as it has been for the last three years, the department

contributed more than any other state agency to this very worthy cause.

The Employee Grievance and Appeal Policy and Procedures was revised in December, 1974. The revision was made to comply with a ruling from the Attorney General's Office as to the time periods for the steps in the grievance process, and to incorporate other improvements in the procedure. The most notable changes were that the entire agency grievance process could take no longer than forty-five (45) *calendar* days rather than forty-five (45) *working* days, as ruled by the Attorney General's office; and the State Commissioner of Mental Health's feeling that since step 1 and step 2 grievance hearings are informal in nature and for the sole purpose of allowing the employee and supervisor to meet, discuss, and confer, no employee would be allowed to be represented by an attorney or any other individual during any step 1 or step 2 hearing.

Employment Activities

<i>Month</i>	<i>Initial Interviews</i>	<i>Total Interviews</i>	<i>Processed</i>
July	570	1,035	185
August	629	1,149	179
September	568	985	180
October	569	978	169
November	401	731	142
December	323	574	99
January	556	1,014	82
February	168	325	36
March	277	469	49
April	479	819	44
May	702	1,167	105
June	509	764	99
Totals	5,751	10,010	1,369

MERIT INCREASE APPRAISALS

(Cumulative Totals for all Services)

For the Period July, 1974 thru June, 1975

SCDMH	17	Outstanding	WSHPI	33	Outstanding
	130	Above Average		119	Above Average
	32	Average		38	Average
	2	Marginal		2	Marginal
	0	Unsatisfactory		0	Unsatisfactory
	181	Total		192	Total
SCSH	45	Outstanding	CMTHRC	0	Outstanding
	566	Above Average		110	Above Average
	810	Average		45	Average

	14	Marginal		0	Marginal
	0	Unsatisfactory		0	Unsatisfactory
	<u>1,435</u>	Total		<u>155</u>	Total
CFSH	27	Outstanding	ADAC	14	Outstanding
	319	Above Average		38	Above Average
	726	Average		17	Average
	27	Marginal		0	Marginal
	<u>1</u>	Unsatisfactory		<u>0</u>	Unsatisfactory
	1,100	Total		69	Total

***Total Merit Increase Ratings for 1974-75 Fiscal Year**

Outstanding	136
Above Average	1,282
Average	1,668
Marginal	45
Unsatisfactory	<u>1</u>
TOTAL RATINGS	3,132

* Does not include Ratings for Community Mental Health Services

**ANNUAL MERIT INCREASE COSTS
FISCAL YEAR 1974-75**

Facility	Cost
Administrative Services	\$ 93,555.00
South Carolina State Hospital	505,027.00
Crafts-Farrow State Hospital	365,621.00
E. Roy Stone, Jr. War Veterans Pavilion	37,348.00
John M. Fewell Pavilion	28,179.00
Division of Alcohol and Drug Addiction	39,769.00
William S. Hall Psychiatric Institute	<u>127,307.00</u>
TOTAL	\$1,196,806.00

Personnel Services and Records Activities

During the fiscal year 1974-75, sixteen five-year service emblems, five ten-year emblems, two twenty-year emblems and one forty-year emblem were awarded to employees of the Division of Administrative Services.

A total of 1,052 persons were terminated during the fiscal year 1974-75. The annual rate of turnover, based on an average of 3,986 employees, was 26.39%. This represents a 0.12% increase in turnover.

PRINT SHOP

The Print Shop has enjoyed a smoothly operating fiscal year. Since the implementation of the Forms Supply the flow of work has stabilized. Also a minimum of employee turn-over has helped this situation. One noticeable improvement is the shortened amount of time in completing printing jobs.

The Print Shop has made 7,403,879 printing impressions and used 21,482 masters in completing these. Of the forms printed, there were approximately 45,000 pads made. Approximately 375 man hours were spent in the collating, stapling, and folding of printed booklets, pamphlets, brochures, etc.; 681 books were bound and 700 ft. of material was laminated. There are some essential duties performed such as padding, punching holes and packaging of forms and other printed material that do not have figures to reflect the amount of time involved.

There are constant observations of new and improved methods and equipment that can be utilized to provide better and more efficient service to the department and its many facilities and components.

DIVISION OF PROGRAM DEVELOPMENT

The Division has responsibilities in the areas of departmental program planning, program evaluation, and organizational development. The salient areas of focus for the year involved consultation in the development of new program components, such as Project COIL; continued program planning for the Village System; monitoring of the effects of the Village System Pilot Project; and the provision of liaison functions with other State agencies, State councils, and extra-departmental organizations.

OFFICE OF YOUTH SERVICES

Because of expanding programs and shifting funding resources, this Office was established to coordinate and facilitate child and adolescent program development. Basic goals include: provision of appropriate program linkages among Department service sections; serve as key Department liaison with relevant state agencies, councils, etc.; monitor and keep current Department planning and effective use of changing resources. Specific objectives this year: establishment of a ready task force (SCDMH C&Y Council); extend interagency collaboration; facilitate identification of emerging mental health problems and appropriate Department response for this population group.

PROJECT COIL

The Center for Orientation to Independent Living Project was initiated on November 1, 1974. The Project is located at 1135 Carter Street in buildings previously occupied by Palmer College. The facilities consist of an apartment building and an administration building. The Center is licensed by the South Carolina Department of Mental Health as a 60-bed facility for the improvement of daily living skills.

The Project is divided into three segments: The Residential Program, the Adult Development Program, and the Administrative Section.

The Residential Program takes place in twenty fully equipped apartment units. This program is directed toward the institutionalized adult, with emphasis on developing, or redeveloping such skills as: menu planning, meal preparation, apartment care and sanitation, care of clothing and furniture, and relationships with others in the apartment arrangement.

The Adult Development Program takes place in the Administration Building, with appropriate trips to shopping centers and the community. Participants in this program are those who live at the Center, plus former mental patients who live in boarding homes in the Columbia area. The Adult Development Program addresses itself to the problem of removing those barriers which would inhibit former mental patients from returning to, and/or assuming an active role in the community. Adult Development activities include: consumer education classes, orientation to community, instructions in finance planning, social and recreational functions and arts, crafts, and hobby development.

The Administrative Section basically functions to provide support services for the entire project. These support services include: building and grounds maintenance, security, transportation, supply, and custodial service.

Since the initiation of this project there have been 55 admissions, 10 returned to the institutions for various reasons (including medical needs, psychiatric needs and those deemed inappropriate for the program), one (1) leave without permission, one (1) deceased, and 11 placed in community living situations. The resident census as of June 30, 1975, was 32.

PURCHASING

The responsibility for the purchase of all drugs for the Department of Mental Health has been transferred to Purchasing. This is a new

field but with the help of Pharmacy personnel the change has been accomplished.

Several changes have been made in the style and quality of clothing which has resulted in a more attractively dressed patient.

The Purchase Order form has been revised to be more compatible with the new financial management system. Vendor code numbers have been assigned to all regular vendors.

A new law requiring the solicitation of at least three bids on all orders of \$1,500.00 was enacted and has been adhered to.

A turn-over of three employees with a classification of Clerk Typist II has caused some problems.

Five employees joined and were active members of the Columbia Purchasing Agents Association.

The shortage of petroleum and paper products outlined in last year's report has improved to some degree.

STAFF DEVELOPMENT PROGRAM

The Staff Development Program substantially increased the number of training opportunities and educational courses available to employees during the year. As these courses were successfully implemented, requests for more specialized programs increased, and the frequency, intensity and sophistication of the special workshops also increased. The results of these efforts can be seen in the Training Survey which was distributed to each employee within the Department. The survey identified 98 courses which fall into the broad categories of: Adult Education, Engineering, Food Service, Housekeeping, Management, Office Skills, Special Areas, Supervision, and Therapeutic Approaches. The survey was also used to identify a list of potential instructors who are willing to share their specialized skills and knowledge. With indexes of training needs and instructor availability, the Staff Development Program is better able to plan for and meet the educational requirements of the Department.

Through a Continuing Education Directive, the Department has adopted a procedure that offers nationally recognized Continuing Education Units (CEUs) to employees who participate in approved educational programs. Permanent records are maintained on all persons receiving CEUs and the Staff Development Program is now in the process of developing individual training records for all Department employees. These records will reflect the individual's formal educational level, any continuing education he has received (CEU or Non-CEU), and the courses each person would like to take or teach. This information can be used by supervisors on all levels as

an aid in establishing career development plans for their employees. Cumulative information from these records may also be useful in answering governmental and judicial inquiries relative to the quality of patient care.

The Staff Development Program has worked closely with Midlands Technical College, State Personnel Training Division, and Educational Television to develop and implement creative training programs which were made available to Departmental employees and subsequently used by other state agencies. The Staff Development Program has also initiated inter-agency Staff Development Trainers meetings to share ideas, programs, and resources between the various human service agencies within the Capitol area.

Currently, the Staff Development Program is working toward the establishment of a Career Development Program for the employees of the Department. The training involved in this program will emphasize the productive use of the Employee Performance Appraisals and introduce supervisors to career development opportunities both within and outside the Department. At present it is possible for an employee to take all of the courses necessary for a high school or GED certificate through courses offered within the Department. The Staff Development Program is currently negotiating with various colleges and universities in the state to accredit the wide variety of courses now offered. Eventually a Department employee may be able to obtain an associate degree, college degree or graduate degree through his training at SCDMH.

DIVISION OF TECHNICAL SUPPORT SYSTEMS

Created in 1972 to enable the Department of Mental Health to meet increasing demands for computerized services for all its local and statewide facilities, the Division of Technical Support Systems continues to make inroads and provide numerous new services in the field of computer technology.

The Division is made up of five Sections: Business Systems, Clinical Systems, Research and Statistical, Systems Programming, and Computer Operations Sections.

BUSINESS SYSTEMS SECTION

The function of the Business Systems Section is to design, program, and implement business systems within the Department for the purpose of computerization.

A Working Patients Payroll System was designed, written, and implemented. Patients were paid for the first time under this system in February, 1975.

During the past year a systems study was started for an on-line Personnel System, and is almost complete. It is anticipated that design and programming will begin in September, 1975.

System study began for a Work Order System in May, 1975, and should be complete by late 1975.

A program was written to utilize Patient Movement from the Clinical Audit File rather than keypunch the transactions from the A&D Sheets.

A new Patient Billing System is being designed around the SCDMH Information System, to be maintained by the Clinical Systems Section.

CLINICAL SYSTEMS SECTION

In November of 1974 the Personnel and Patient Locator System was modified, and is now called the SCDMH Patient Information System. Mental Health employees were taken off this file and put on a separate file. Information collected about each patient was doubled and an Admission Data Collection Form, the ST-43, was introduced followed by a Discharge Data Collection Form, the ST-42. File security was improved and capabilities through CRT's to the Patient Information System were expanded, placing responsibility for the input to the file with the Registrar's Office of each facility. As a result of this expansion, Clinical Systems subsequently made available to each facility daily computerized A&D Sheets based on data collection during the previous twenty-four hour period. These A&D Sheets are generated by the computer each morning at six o'clock, reproduced in the Department Print Shop and ready for distribution by about 10 o'clock that morning. In addition, each facility has the capability to print its own A&D Sheet on its remote printer at 6:00 a.m. for the Registrar's immediate needs.

Enhancements to the Patient Information System have taken place as the need for them became apparent. Flexibility in internal programming techniques will continue to be stressed within Clinical Systems, in order to remain responsive to Departmental decisions and the changing needs of the various facilities.

Generalized alphabetical listings are now available to each facility on its printer. Users may input the criteria desired through their CRT and within minutes have a printed listing of all such patients from their facility printed out.

The Patient Master File was expanded to include up to four diagnoses, in DSM II Code, and an initial impression. A Program is now in use which allows each facility to display and update these diagnoses.

Hard copy Admission and Discharge Summaries are also available through printers at each facility. These offer an expanded synopsis of the information available regarding a patient for inclusion in his file, if desired.

A Drug Order System is about to be implemented at Crafts-Farrow State Hospital on a pilot basis. Pharmacists will enter new prescriptions and refills through their CRT. This information will be sent automatically to the Stock Status System, thereby giving a better accounting of drug usage. In addition, each patient's drug history will be available at a glance on the CRT, should any question of contraindication arise.

A Direct Patient Services program is currently in use by Columbia Area Mental Health Center. Information regarding the nature and duration of each treatment session is input through a CRT located at the Center. This information will be made available in the form of reports designed to help administrators and clinicians give better patient care.

Efforts to implement the Multi-State-Information System were abandoned after a year's effort in favor of an "in house" program (the Patient Information System) for which Clinical Systems could be responsible. This decision appears to have been a wise one.

The next undertaking of Clinical Systems is to be a Patient Historical File. That is, the recording of pertinent data as it changes and making it available to other programs and the other groups within the Division of Technical Support Systems. This is intended to aid the Business Systems group in patient billing and the Statistical group in periodic reporting responsibilities.

RESEARCH AND STATISTICAL SECTION

During the past year the Research and Statistical Section has complied with all federal and state reporting requirements, as well as satisfying numerous requests for information and research assistance from local users. The automated data files maintained by this Section continue to allow rapid access and processing of data, so that requested information may generally be provided to users within a few hours of receipt of request.

SYSTEMS PROGRAMMING SECTION

The IBM 370/145 has a real capacity of 512,000 bytes along with 4 IBM 3330/3333 disk drives, with a total capacity of 800 million bytes. The Systems Programming Section is maintaining the 5 tape drives.

There are five local IBM 3277 CRT terminals and 5 remote IBM 3275 CRT terminals. Also, 2 SYCOR CRT terminals have been added.

The Department of Health and Environmental Control is presently utilizing our computer via a 3704 control unit, connecting their MOHAWK computer to our IBM 370/145.

Within the past year, this Section has written various software frontends to such systems as Patient Billing, Payroll Time Cards, Payroll Changes Inventory, the Diet Systems and our Tape Volume Inventory. All of the above mentioned systems are on-line and data is entered via the IBM 3277 CRT terminals. These programs have greatly increased our computer throughput and lessened the burden on the keypunch and computer operators.

The Systems Programming Section has also maintained the OS/VS1 System, and recently performed a system generation, which places us at OS/VS1 release 4.0. This group is in the process of performing a system generation of CICS/VS release 1.1.1. CICS is our on-line teleprocessing communication system.

COMPUTER OPERATIONS SECTION

The Computer Operations Section is the service unit for all other Sections within the Division of Technical Support Systems. It places all prepared information on computerized records and, in turn, retrieves it from storage in the desired format. Functionally, this Section utilizes programs and systems developed by Systems Programming, Business, Clinical Systems, and Statistics to aid users in maintaining files.

Incoming data can be keypunched onto cards, from which information is stored in the computers, where it is accessible whenever and however it is needed. Also, data may be key-directed into the system via local terminals.

Operations produces payroll runs, patient billing, personal funds, medical history, hospital inventory, personnel information runs, and many other programs on a periodic basis. In addition to running systems for the Department, we service another state agency as a remote user.

The Computer Operations Section maintains a twenty-four hour, seven-day week to support the patient on-line system.

The objective of the Division of Technical Support Systems and each of its Sections is to build a sound yet flexible instrument that will adequately serve our present needs, as well as form a basis for the development of future systems designed to meet the changing needs of the State Department of Mental Health.

WAREHOUSING SECTION

I. *Annual Pack Program for Procurement of Canned Foods*

Program was initiated by the State Purchasing Office, Division of General Services in coordination with the major State Agencies to procure canned goods at the time of annual packing by the producers. Commercial storage space was leased by General Services Division, pending acquisition of State owned warehouse space, to accomodate storage requirements. The Department of Mental Health's participation in this program involved purchase of 66 line items totaling 54,271 cases and 405 bags at an acquisition cost of \$488,417. Analysis of this program does not reveal any major monetary savings, however, participation in the program alleviated the dire shortage of warehouse space at the Department of Mental Health and permitted stockage of other common use items for the Department. Analysis also revealed that purchase of certain categories of food on an annual basis would not generate any savings, therefore, the Department's participation in the 1975-76 Annual Pack Program will be limited to 18 line items for a projected total procurement of approximately 26,000 cases.

II. *Warehousing Facilities*

Plans for the expansion of Warehousing Space to provide for Freezer, Meat Processing, Ice Cream Manufacturing and Wet Cooler facilities have been formulated. This project which includes the renovation of space presently utilized by Meat Processing and freezer storage should provide adequate storage space for future departmental operations.

III. *Revolving Stock Fund*

Stock Fund operations were conducted in accordance with prescribed policies and procedures and physical inventories were accomplished on a semi-annual basis. Inventories were tested by representatives of the State Auditor's Office and Blue Cross-Blue Shield with no exceptions taken. Program for Control of Departmental Forms as a part of the Stock Fund Operations proved to be highly successful and has reduced overstockage and lag time in furnishing forms direct to the user.

IV. *Property Accounting*

Inventory of Major Movable and Fixed Equipment of all South Carolina Department of Mental Health Facilities and Community Mental Health Clinics and Centers was completed during the year. Disposal of scrap and salvage during the year netted the Department of Mental Health \$10,626.

SOUTH CAROLINA STATE HOSPITAL

SUPERINTENDENT'S REPORT

A major characteristic of the fiscal year 1974-75 at South Carolina State Hospital was change and transition. Following many months of study and planning, the reorganization of treatment services was initiated in July of 1974. The intent of the reorganization was to establish treatment programs as units which related to specific geographical sections of the state or provided specialized treatment services. The basic purpose of the reorganization was to develop and implement programs which would provide more equal and adequate treatment services for all patients. Additionally, it was designed to provide a more equitable distribution of staff and other resources throughout the hospital. Because of these factors the reorganization of treatment programs was the major priority for the South Carolina State Hospital during fiscal year 1974-75.

Key staff personnel fully understood and appreciated the fact that such an approach might be calculated risk to some extent since it required the relocation of many patients. It also required the reassignment of many treatment personnel and to some extent a complete reorganization of professional services programs. The need for establishing a short time frame for the reorganization process was very important since the hospital was scheduled for an accreditation survey in mid-summer. A major concern was the possible effect of the reorganization on the hospital census. During the previous fiscal year, 1973-74, the hospital's census had been reduced by 404 patients or 16%. This was perhaps the largest reduction in one year in the history of the hospital.

The reorganization process was not an easy task and admittedly there were many problems associated with it. However, it was completed prior to the accreditation survey in mid-August. By this time all of the units were established and functioning. Many logistical support problems had to be resolved and a number of innovations and improvements were made to insure that programs were able to function properly and effectively. Through the tremendous efforts of many employees the reorganization process was completed and the unit system became a reality at the South Carolina State Hospital.

Perhaps after only one year under the new treatment program concept it is too early to evaluate the effectiveness of the unit system. However, it can be reported that the hospital census did not increase. In fact, during the fiscal year there was a reduction in the census of 12.4%. The census at the beginning of the fiscal year was 2,193, and at the close of the year there were 1,922 patients in the hospital. This

was a reduction of 271 patients. While this is not as impressive as the previous year it does reflect a continuing downward trend in the number of patients in the hospital even though there was a considerable change in the configuration and structure of treatment programs.

Another major concern of the year was the preparation and planning for the survey by the Joint Commission on Accreditation of Hospitals. The survey was conducted on August 12, 13, and 14, 1974. Notification was received on October 7, 1974, that the hospital had received a full accreditation for a period of two years. This was the second survey to be conducted under the new standards for psychiatric facilities and we are extremely grateful for the work of employees in all areas to accomplish this goal of the hospital. Without the dedication and cooperation of so many people this achievement would not have been possible.

The new and revised laws concerning admissions to mental health facilities became effective January 5, 1975. Prior to the implementation of these laws there was no clear perception as to what impact the law would have on the operations of the hospital. However, the full impact of the new laws is now quite apparent and it has had rather serious implications on a number of operations. The amount of travel has increased in a dramatic fashion and it has become increasingly more difficult to maintain an adequate number of vehicles for this purpose and also meet the requirements for other hospital operations. With the large number of trips and the amount of time involved, a number of nursing personnel are taken away from their primary function of providing care of patients. Additionally, other members of treatment services are directly involved in this process and valuable time is lost from treatment activities. The volume of paper work and other administrative functions has created a tremendous burden for the Registrar Division. All of these additional functions and activities have been assumed without additional resources to provide for them.

The program, started several years ago to improve patient facilities throughout the hospital, has continued through the fiscal year. Major improvements were made in the Babcock Building. Additional covered walkways were constructed adjacent to the central patient dining rooms. Work has been started on the fire alarm and smoke detection system which will meet an urgent need for improved patient safety in all buildings. Many other improvements are needed and plans are underway to continue this program in a number of areas of the hospital.

As we look at the year in retrospect we are grateful for the accomplishments which are now recorded as a part of the long history

of this hospital. In looking forward, we can see and anticipate the challenges of the future. When we do this, we are fully cognizant of the greatest resource we have — the employees of this hospital. They are responsible for the accomplishments of the past and they will meet the challenges of the future in the same spirit of cooperation and dedication. For them and their service we are deeply grateful.

UNIT ONE

The basic goal for the year 1974-75 was primarily the efficient functioning of the newly established Unit System with emphasis on the team approach for patient care. The rationale for team approach was the demand and necessity for more efficient patient care through participation or involvement of all disciplines. Physicians and members of the Nursing Service, Chaplaincy, Psychology, Social Work Service, and Activity Therapy make up a Treatment Team to provide individual treatment to each patient in the unit.

Through the combined efforts of the Treatment Teams on each ward with a basic intermediate and community preparation program individualized treatment was given to each patient. Emphasis was laid upon thorough evaluation and immediate crisis intervention on both admitting wards, male and female, applying all possible therapeutic measures as intensive pharmaco-therapy, individual and group counselling with the goal to shorten the time of hospitalization of each patient and to provide continuity of care.

The result of the combined effort of treatment is reflected in the decrease of patient census from 729 on July 24, 1974, to 608 on June 30, 1975.

Treatment teams and team approach, individual and group therapy, activity therapy and individual counselling were reviewed and reorganized; in part this was necessitated by the new laws for admission of patients to a mental institution effective January 5, 1975. Communication of the staff of the individual disciplines was improved greatly, and through trial and error eventually a cohesive treatment team approach for each team program was created. The teams function presently at varying degrees of success. Each program has established a schedule of treatment team meetings on at least a weekly basis; on admitting wards teams meet twice weekly. The teams were formed after the medical model with the physician carrying full responsibility, however, through blending of the treatment teams an "esprit de corps" and pride in work of all disciplines emerged.

Better collaboration has been developed between the staff, primarily that of Social Work Service and some physicians, and some

of the corresponding mental health centers via visits, telephone calls, etc., to promote better patient care, thus, preventing unnecessary readmission of patients.

Goals for the year 1975-76 fiscal year include: Increase in staff of all disciplines. Presently Nursing Service comprises approximately two hundred (200) staff members for all three shifts, Psychology and Social Work Service have sixteen (16) each, Activity Therapy eleven (11), Chaplaincy four (4) including students, and Physicians ten (10), nine full time and one part time.

Intensified inservice education for all disciplines, e.g., revival of case presentation conferences, initiation of grand rounds held once or twice weekly with close involvement of the teams. All measures are directed toward achieving an even more dynamic approach to crisis intervention and treatment in general to shorten the time of hospitalization for each patient. Also, better quality control of medical records.

Nursing care improvement with specific emphasis on psychiatric nursing care practice, and better preparation of new personnel with orientation toward psychiatric nursing.

Improvement and changes in the physical condition of wards in Unit One, like the reduction of noise level in ward areas, creation of more smaller living areas or bedrooms for more privacy of the patients, a division of Ward 108 to create a basic ward or program respectively for severely regressed patients and to create an intermediate program also on Ward 108.

A broader involvement of nursing personnel on all shifts particularly the afternoon shift in programs for patients with a cross section of other disciplines to improve the social skills and behavior of patients, to motivate all patients to participate in activity programs, and to educate the patients as to the necessity of taking medication in the hospital and after release.

Creation of intensive leisure counselling programs, activities of daily living skills and community awareness of all patients.

Broadening of collaboration with the mental health centers for the purpose of educating families and public in general for better understanding of basic problems of the psychiatric patients.

Mobilization of collateral resources of Social Services and utilization of Volunteer Program.

UNIT II

The beginning of the fiscal year 1974-1975 coincided with the South Carolina State Hospital's reorganization into the unitary system. The immediate goals of the staff of Unit II were as follows:

1. To develop a unit organizational structure to provide for maximum efficiency in the treatment of patients and the communication among staff.
2. To provide equal and unified care for all patients depending on their individual needs consonant with good psychiatric/medical treatment and social planning.
3. To insure continuity of care within the hospital and as the patient might leave the hospital and return.
4. To reduce the census of Unit II by returning the patient to his maximum level of functioning — to the community with minimum expectations of recidivism.

In Unit II a unitary system has been organized and implemented. It is functioning well as evidenced by the marked reduction in census, the involvement of *all* patients in a ward treatment program, some improved continuity of care and the appreciably higher level of functioning of many chronic patients.

Staff cohesiveness, communication and effectiveness has been greatly enhanced. There have been new staff positions created in most disciplines and it is apparent that a concerted effort has been made to fill vacancies as they occur.

At the inception of the unitary system, Unit II used the skeletal structure presented by the Administration to base its organization. This structure has been expanded, modified, refined and defined into a plan which provides for delineation of lines of authority, responsibility, and most importantly, staff communication and in-put across disciplinary lines. Basically the organizational structure is designed along ward treatment programs rather than disciplinary lines.

Every patient in Unit II is assigned to and is involved in a ward treatment program based on his level of functioning. Included in this therapy may be specialized treatments as dictated by the patient's individual needs. Patient screening and treatment planning is an on-going process and is achieved via communication between interdisciplinary ward treatment teams as the patient moves from one program to another and/or discharge. Steps have been taken toward the development of closer liaison with the Mental Health Clinics and other community agencies. This has, in most instances provided for some more significant in-put from the community when the patient enters the hospital, stronger and more effective referrals for after-care and has enabled us to utilize more community resources for the benefit of the patient and for his family.

There has been a marked reduction in the census of Unit II. On July 10, 1974, the population was 631 and on July 29, 1975, the population was 472. This represents a 22% decrease in the census. This reduction

in census was achieved by closer screening of patients who had received maximum benefits from hospitalization and for whom there were readily available resources (i.e. family, jobs, etc.) to which they could return. In our efforts to meet JCAH Standards and the requirements of the new state laws, the diagnostic process has been accelerated, leading to the patient's more expeditious involvement in treatment. Involved in this accelerated diagnostic process have been:

- A. The psychological testing of all patients.
- B. The work of Vocational Rehabilitation in vocational evaluation and job placements.
- C. Some greater involvement of Social Work Services with families and communities.

The COIL Project and the South Carolina Department of Mental Retardation Resident Survey have had a small, but significant impact on the reduction of our census.

Unit II goals for 1975-76 are:

1. To provide increasingly more effective and better patient care.
2. To continue to re-evaluate and strengthen treatment programs to insure that they meet the criteria for sound psychiatric care and are meeting the needs of our patients.
3. To broaden the experiences and skills of our present personnel through Unit In-Service Training and providing for participation in national and regional disciplinary meetings and workshops. To seek to constantly upgrade present and future staff.
4. To develop a Unit II Policy and Procedure Manual for use of present staff and to aid in the orientation of new staff members.
5. To establish a Research Committee to evaluate treatment and treatment programs within the Unit and to set up an on-going treatment evaluation procedure.

UNIT III

Unit III has served those patients from the eight coastal counties of South Carolina which are served by Franklin C. Fetter Center, Charleston Area Mental Health Center, and Coastal Empire Mental Health Center and their satellites.

The goals of the treatment programs have been to insure that all patients were afforded an equal opportunity for quality treatment, care, and rehabilitative services in keeping with their civil rights. The environment that has been developed in the unit has provided a treatment approach that could bring every conceivable source of motivation to the patients and to provide incentives for engaging in functional and useful behaviors. The treatment program employed in the unit provided some general ideas about treatment, but each

individual patient was involved in different programs according to his needs as determined by the patient and his treatment team.

These programs have included the broad spectrum of treatment services such as chemotherapy, individual and group psychotherapy, individual counselling, family therapy, activity therapies, adult education classes, religious counselling, vocational rehabilitation services, and milieu therapy.

We have attained the treatment goals through a combination of many treatment modalities, e.g., chemotherapy and somatic therapies, behavioral therapies such as Token Economy Program, Primary Social Learning, and Advanced Social Learning, as well as the above mentioned therapies and services.

A community liaison team featuring members of the Social Work Service staff at South Carolina State Hospital and Mental Health workers in the Mental Health Centers has been set up in dealing with families of patients and Mental Health Center staff members to plan for discharges and subsequent arrangements for coping with life outside the hospital. These meetings were held on a monthly basis at South Carolina State Hospital and Mental Health facilities. A form for community referral for ATS services has been approved by the Medical Records Audit Committee and will be used system wide in discharging patients who need this service.

Unit III had 235 patients in July, 1974 and since that time until July, 1975 had admitted 198 patients, discharged 209, with a readmission of only 18 patients which accounted for approximately 10% of our total patient population.

Bed capacity has been reduced in the Unit by 25 which has resulted in a reduction of bed space from 300 to approximately 270 which has improved our environment in the patient living areas.

During the past year the following statistics are offered regarding percentages of patients involved in various therapeutic modalities:

- a. 58% were involved in Activity Therapy Service referrals
- b. 50% were involved in Group Therapy
- c. 15% were involved in Individual Therapy
- d. 50% were involved in Ward Groups
- e. 60% were involved in Individual Counselling

All patients have the availability of referral to Vocational Rehabilitation and other ancillary services when these are deemed appropriate by the treatment teams.

The following goals have been listed as those that the staff of the unit would like to achieve during the time period of July, 1975 to July, 1976:

- (1) Better community involvement at the community level to see families in the community; more referral groups for relatives; greater development of alternate-care facilities; increase discharges to these facilities; working with personnel in alternate-care facilities to enable them to work better with patients from mental hospitals.
- (2) Provide in-service education on various activities to nursing staff of Unit III.
- (3) Provide more off-campus activities for patients
- (4) Have peer review for Unit III ATS staff
- (5) Work to better improve the environment in unit to help in milieu therapy
- (6) Have nursing personnel become more active members of treatment teams
- (7) Nursing personnel will work to help patients preparing for discharge to be able to cope with problems encountered outside the hospital
- (8) In the future we plan to implement the newly approved Point System to be a modification of the Primary Social Learning Program. This was felt to be necessary due to the shortage of space in our unit in which to develop various programs. The Point System is felt to be applicable to a wider variety of patients than the Primary Social Learning.

In conclusion, we have made a successful program of treatment. We foresee no major changes in the program, except minor changes to strive to improve the programs to serve the needs of the patients. All services feel that an increase in personnel would greatly enhance our effectiveness in treating patients.

UNIT IV

The primary goal for the unit was to render better patient care. The way in which this was accomplished was by the following methods:

A. *Setting Up the Environment for the Patients:* A male admission ward, consisting of twenty (20) beds was established in the unit. This was felt to be an important step because it allowed newly admitted patients to be acclimated to the hospital prior to being on a regular treatment ward. It also allowed efforts to be concentrated more effectively on immediate treatment and goal planning for these patients.

A female security ward was discontinued, and a female admission ward was established. It was felt not to be as adequate as the male

twenty bed ward, but it was felt to be as effective as possible with the number of wards and bed census.

Recreation rooms were established in both the Saunders and the Allan Buildings in Unit IV.

A patient garden was established by the recreational therapy department in the back of the Saunders Building.

Closed, semi-closed and open wards were set up so patients could advance through these wards as their condition improved.

B. Establishing Treatment Programs: We have established approximately eleven (11) social work service groups, thirteen (13) psychology groups, eight (8) activity therapy groups, six (6) nursing groups and four (4) chaplaincy groups. There are also ward government meetings, daily point programs, goal planning workshops and five treatment teams.

C. Establishing Relations With the Counties Which Serve Unit IV: We have visited with all of the mental health clinics in our counties. We have had visits from aftercare workers from all of the centers serving our areas. All of the DSS offices in our county areas are visited by members of our personnel on a weekly basis. We have gained membership on a number of inter-agencies in the community and there has been regular attendance by members of our staff in one particular meeting. Joint workshops from various mental health centers have been held.

D. Securing Places in the Community that the Patients Without Families Might Stay After Release from the Hospital: We have worked closely with one particular mental health center on the development of sheltered home projects. We started a boarding home consultation service from one particular mental health center.

E. Establishing Training Programs for Unit IV Personnel: Goal planning workshops for the unit personnel were established. Social Work Service for Unit IV was approved as a field instruction site for the training of graduate social workers attending the University of South Carolina College of Social Work. One monthly meeting of all unit personnel, one weekly meeting of all unit key personnel, and a bi-monthly meeting of all Unit IV physicians and a nursing in-service training program for the unit were established.

F. Reduction of Census in the Unit: A reduction of census in the unit during the fiscal year 1974-1975 from 206 male patients to 192 male patients at the present time, and from 142 female patients to 132 female patients, was accomplished.

G. Improvement of Environment for Patients: We have placed pictures and plants on the wards and have had new and colorful bedspreads, curtains and lockers placed on the wards. We have had the grill work taken down from the wards where they were not

required. We have had decorations and parties for the various holidays on the wards and pay telephones were established in the lobbies of each building in the unit for the patient's use.

H. Establishing More Effective Harmony Between the Various Disciplines So That Energies Would Not Be Dissipated by Interdisciplinary Clashes: A weekly key personnel meeting was established, which consisted of the heads of each discipline in the unit and there was also established a monthly meeting of all Unit IV personnel.

I. Additions of New Personnel to the Unit: We have had two new physicians join our unit, along with one psychologist, two social workers, and thirty-two nursing employees, (this figure for nursing employees includes L.P.N.'s, R.N.'s, Mental Health Specialists, clerks, etc.).

GOALS FOR UNIT 4

A. Establishing Treatment Programs:

1. More uniform distribution of psychologists on wards in order to provide more adequate time for the implementation of programs, and adequate documentation of these, with a goal towards having one (1) psychologist for each two wards and assignment of three new clinical counselors to the unit. Also, we would like to have a doctorate level psychologist to assist in the implementation of programs of the psychology department on the unit.
2. Establishing a greater variety of therapeutic outlets, such as resocialization and reality orientation groups, group therapy groups, etc.
3. Restructuring of token economy and point programs.
4. Establishing the extent of the objectives by individualizing the behavioral modification procedures to the unit needs of specific patients, as well as in regard to personal grooming and social interaction.
5. The extension of psychological testing providing for assessments of patients needs.
6. Screening patients according to the level of care they would need and placement in the less restrictive environment possible, and structuring goal planning activities towards that environment.
7. Initiate activity therapy on the security ward, Ward 184, Saunders Building.
8. Begin leisure counseling programs.
9. Expansion of community preparation groups.
10. To provide at least One Hundred Twenty (120) patients in the unit with rehabilitation services for the fiscal year 1975-1976.
11. To increase the amount of individual psychotherapy.

B. Establishing Relations With the Counties Which Serve Unit IV:

1. Establishing quarterly meetings between the unit and the mental health centers.
2. Establishing mutual goals between the community and the unit staff.
3. Getting to know the goals and problems of the community, as well as communicating the unit's goals and problems.
4. Initiate a referral form to the community mental health centers for follow-up activity therapy service programs.

C. Securing Places in the Community That the Patients Without Families Might Stay After Release from the Hospital:

1. Assignment of one social worker for full-time boarding home placement.
2. Continuing development of the sheltered home projects.

D. Establishing Training Programs for Unit IV Personnel:

1. Begin periodical In-Service Training programs for Unit Activity Therapy Service staff.
2. More extensive training in didactic procedures to enhance the special skills of the psychologists, such as demonstration groups, individual supervision of instructions, sessions with advance degree staff members, etc.
3. Improvement of goal planning programs.

E. Reduction of Census in the Unit:

1. Developing more community resources for patients without families.
2. More concentrated effort towards securing adequate medication and dosage for patients as rapidly as possible.
3. Establishing closer ties with the community and families to facilitate rapid placement of the patient.
4. Securing more personnel for more active treatment.

F. Improvement of Environment for Patients:

1. Establishment of central air-conditioning and central heating system, with the lowering of the ceilings in the unit.
2. Covering of the yard fence for the security ward, 184, in Saunders Building, so patients might be able to go out on the yard.
3. Establishment of a smaller admission ward for female patients in the unit.
4. The placement of some equipment which is in need of replacement, (such as the pool table the patients use in the recreation room of the Saunders Building and the television set for patients on the male security ward in Saunders Building).

G. Establishing More Effective Harmony Between the Various Disciplines:

1. Establishment of bi-monthly meetings of all Unit IV personnel, (as opposed to the current monthly meeting).

H. Improvement and Establishment of Office Space for Personnel:

1. Central air and heating in offices and on wards.

2. Partitioning of office space.

3. Adequate planning of and developing of office space.

COURT PSYCHIATRY SERVICE

One of the goals for this year was to improve transportation for all personnel between the various buildings — Stoney, Cooper, laboratory and x-ray and the clinics in Byrnes.

In transportation very little if anything has been accomplished. Personnel are still using their own cars for transportation back and forth, to pick up drugs, to carry papers and so forth. There are times when transportation has just been non-existent for vital trips.

Next year's goal is to improve transportation. This is certainly our most pressing problem.

The goal in the nursing personnel area at the beginning of the year was to correct the problem of shortage of nursing personnel, particularly on the morning shift because there were so many patients in transit; there was a security problem in that two aides had to escort patients, and at times there were as many as eight aides in transit at one time.

There has been some improvement and we are back up to the number needed. At the present moment we are having no problems in this area.

There is no present problem in the area of security since the new visiting system was installed. Any security problems are transferred to Ward 297 in the Stoney Building.

Security has been accomplished by adhering strictly to the routine procedures and particularly in case of patients whose constitutional rights are being violated by transporting them back to the maximum security ward at the Stoney Building. This is done on an individual, case-by-case, basis at the request of the Unit Director, and the transfer is done by the Superintendent with the authorization of the Attorney General's Office in each case.

The fifteen day evaluation period has improved the processing of the patients in that they are not here long enough to become resistant and actually our census has dropped because of the short period of observation.

Certainly the evaluation of patients has gone at a very smooth rate, with no difficulty at all. The fifteen days observation period has not only reduced our number of patients on the ward, but has actually stimulated the swift processing of the individuals. The impression is that the medical records have also gone smoothly and there have been no problems presented by the fifteen days observation period; this has probably also been due partly to the cooperation from the Registrar's Office.

The best goal in this area would be to utilize all personnel in a clinical extent for evaluation to the point that we can use our social workers, clinical psychologists and possibly some nursing personnel for evaluation as "non-MD" evaluators. We have been doing this indirectly along the lines and as time goes on undoubtedly will have to increase it in this area.

Patient problems concerned two areas: (1) those who are residential patients, retained with a diagnosis of mental illness for treatment who are still on Cooper and Stoney Buildings wards, and (2) the patients who have been transferred to the wards we have on the Court Unit for security purposes and as punishment for them. It was noted that in both areas this was a violation of their civil rights.

In the area of patient's problems, the patients who are residential patients with a diagnosis of mental illness for treatment are now being processed through judicial admission according to the requirements of the new law. Soon as they are judicially committed within a reasonable period of time, they are transferred to the proper treatment unit for the treatment they need. There are exceptions to this, in that patients who are considered too dangerous to themselves and other people to be put in a regular treatment unit. The Superintendent has been retaining these with the authorization of the Attorney General's Office individually in each case. This also applies to patients who are considered a security risk and dangerous to themselves and others, who are put on the wards in one of the treatment units at the State Hospital, and here again at the request of the Unit Director, the Superintendent will get permission individually on a case-by-case basis for their transfer to Ward 297 and further retention there.

It is hoped that we will move to the new evaluation ward in which patients will be on the ward for evaluation purposes only, that they can, through the cooperation of everyone concerned — the social workers, psychologist, nursing personnel and doctors — be evaluated quickly and those who are psychotic and require treatment can be diagnosed in a short time, that is in three or four days and transferred to the proper treatment unit for the treatment that they need.

Correspondent visits — the correspondent comes in and often this is the only visit that is possible to make and it was agreed that the social workers could use their own judgment in determining whether or not the correspondent should visit the patient at the time of the interview, that is if the correspondent came from a long distance or was inconvenienced. It was also agreed that children would be permitted to visit as they do at the Stoney Building — whose visiting hours are set up by the Central Correctional Institution.

The correspondent visits have been accomplished by using the new security screens and by the excellent cooperation of the social workers and the nursing personnel whenever the correspondents have come to visit.

Since the fifteen day observational period, there have been no problems in this area. Therefore, if the system runs as smoothly as in the past there are no special goals for next year.

Recreational therapy — it was noted that this had been brought up previously and the types of patients we have are not amenable to activity or recreational therapy within the existing means of the department and the Unit.

Some possibility has arisen of beginning a recreational therapy program. This has originated in the psychological department and apparently a grant has become available if a proper program can be worked up and presented. This will be inquired into further to see if it can be followed through on; this otherwise remains the same, that is medication and no other therapy at the present.

The goals of the next year will be to provide some sort of recreational therapy for the residential patients as long as we have to take care of them.

AFTERCARE CLINIC

The S. C. State Hospital Aftercare Clinic was initiated June 15, 1961. The clinic was originally developed to provide aftercare services to certain patients of the S. C. State Hospital and the Palmetto State Hospital who were placed on trial visit or discharged status after a period of resident hospitalization. At the time of the clinic's inception only a few counties in the state had developed mental health services and only one county (Greenville) had a defined aftercare program for returned patients. Since then the mental health service program has grown to the extent that all counties currently have mental health services which includes some provisions for aftercare. These developments along with the S. C. State Hospital clinic assuming aftercare responsibilities for a new program brought about significant changes in the scope of the clinic's program during the 1974-1975 fiscal year.

Beginning in December, 1974, the clinic assumed aftercare responsibilities for the C.O.I.L. program (Community Orientation to Independent Living). This involves regular direct service to the C.O.I.L. residents and frequent consultations with the C.O.I.L. staff. Forty-four C.O.I.L. residents have been served thus far and it is anticipated that over 100 residents will be served annually when this program has fully developed.

In view of the Community Mental Health Center's expansion in the area of aftercare and the S. C. State Hospital clinic's added aftercare responsibilities along with the clinic's staffing limitations, a course of action was undertaken in February, 1975, to work out transfers for a number of clinic patients to community mental health centers. This undertaking was completed in June, 1975, with a total of 189 patients referred to the community centers. In addition 7 patients chose to be referred to private physicians.

At the end of this fiscal year, the clinic is committed to provide aftercare services to three different categories of patients as follows:

1. C.O.I.L. residents, during their period of residency and for a brief transitional period following their separation from the program. ①
2. S. C. State Hospital patients placed in Columbia area group care homes and foster family care homes by the aftercare clinic social service staff.
3. A relatively small group of patients whose situations make it extremely difficult for them to utilize the community clinic's service.

It is anticipated that the Aftercare Clinic patient load will increase to about 150 and level off at this number.

The Aftercare Clinic staff works as a team and consists of a part-time psychiatrist who is director of the treatment program, a part-time nurse, two full time social workers and a secretary. The social service staff is primarily concerned with developing and utilizing alternate care resources in the Columbia area for hospitalized patients. This includes effecting the placements and providing follow-up service for an indefinite period to insure that the patient's social, financial, and health needs are met. The nurse works under the direction of the psychiatrist and serves as a liaison between the aftercare clinic and community health resources. The nurse's work involves considerable field work in addition to the services provided in the clinical setting.

The aftercare unit continues to be housed in the Byrnes Clinic, adjacent to the pharmacy. Psychopharmacological drugs are available at the pharmacy at hospital cost for aftercare clinic patients. Drug companies have continued to provide complimentary drugs for in-

digent patients. These drugs are stocked at the pharmacy and dispensed by means of a prescription indicating that sample drugs should be used.

BYRNES CLINICAL CENTER

We have a continuous need for additional nurses, LPN's and Nurses Aide's in the Medical-Surgical Department. Our wards are continuously understaffed, especially the night shifts. Our services in the Nursing Department are greatly handicapped by lack of personnel, especially on the week-ends when it seems we have almost routinely an unusual number of employees calling in sick or, for one reason or another, unable to perform the duties, making it particularly hard on the personnel who are accepting the duty at these times, and thereby doubling the amount of work needed to take care of the patients by each individual on duty. However, most of our employees do a tremendous job under the prevailing circumstances, giving treatment care day in and day out to an overburdened nursing staff. Our Nursing Supervisory Staff undergoes quite an ordeal almost each and every day and especially on the week-ends, attempting the task of spreading out the personnel to take care of the needs on all our wards with prevailing handicaps due to shortage of working personnel.

Since July 1, 1974, we have had a partition on ward 528, dividing the East and West wings. The West wing is used for additional convalescent long term nursing care patients in an attempt to use most of the beds available in our department. Both ends have been understaffed with nursing personnel and especially the tubercular end, 528 West.

In fact, the ward has been overcrowded during the entire year of 1974-75 and we have had to isolate tuberculosis patients on ward 328 due to excess patients of tuberculosis status. This has created an unusually bad attitude and lack of desire of the patients, especially on ward 528 West (tubercular) in trying to help themselves improve mentally and physically.

There continues to be a great need of an intensive care unit, in particular in the cardio-respiratory status of Medical-Surgical Service, Byrnes Clinical Center. We also need an emergency room equipped and staffed for which the need seems to be more and more year by year due to the increasing number of patients and employees seen and treated in the emergency room. Having the emergency room on second floor, Surgical Service, Byrnes Clinical Center, is quite a handicap and detracts and removes key personnel from the Surgical Service in order to take care of emergency room work.

There has been no unusual changes in our operating room staff nor performance during the past year which continues as usual to be quite good. We have added the new surgical light fixture for the eye, ear, nose and throat surgery and also will be later on this coming fiscal year, adding a complete change in the cystoscopic equipment. The cystoscopy room will be moved from first floor to the second floor in the surgical unit of the operating room and will be equipped with another table and portable x-ray for doing urology and urology surgery.

The surgery department shows that we had 488 operations with 920 procedures. 421 patients under anesthesia which apparently were quite well taken care of by the operating room and surgical staff.

Survey was made by Joint Commission on Hospital Accreditation last Fall with an excellent rating. The total South Carolina State Hospital Unit obtained a two year accreditation in full.

We have continuous orthopedic coverage by Moore Orthopedic Clinic and orthopedic surgery is done weekly by Richland Memorial Hospital residents. Also, we have had two Ophthalmologists from the South Carolina Medical University Hospital during the past year to perform eye surgery for a few weeks each time. The operating room staff has been represented at meetings and workshops at regular intervals during the past year. We have obtained a complete set of fibro-optic instruments for our urology department.

In the Radiology Department, we had quite good performance during the past year. We have had an automatic film reviewer installed and in use and it is well liked by the radiologists. During the past fiscal year, the Radiology Department has had one technologist to resign and this employee has been replaced. The relocation of the dark room with the new Kodak X-Omat Processor was approved and has been installed. The x-ray technologists have all attended the South Carolina Society of Radiologic Technologists Convention, the South-Eastern Conference of Radiologic Technologists and the Kodak X-Omatic Processor Seminar. Du Pont Company provided classes in this department for continued education. During the month of May, the Radiology Department did a survey of 70mm chest films for the Infections Committee, Medical-Surgical Service.

As of July 1, 1975, it has been decided that all new admission patients and applicants will have chest x-rays done on 14x17 films.

We have been able to obtain some new equipment during the past year which has made it somewhat easier in regard to the heavy workload of the personnel and also perhaps increasing the accuracy and with improved performance. However, we still have some equipment that is outdated and below par in accuracy that should be replaced in not too far distant future.

Suggestions for continuation of peak Medical-Surgical performance are as follows:

There is real need for a medical doctor added to the unit in order to properly care for tuberculosis patients and tubercular therapy and assist with convalescent care patients. There is too much clerical work at present and more being added continually so that our present staff is unable to competently fill in for this vacancy.

We also are in urgent need for an afternoon nursing supervisor. We have been unable to find nursing personnel that is attracted to this particular position. Also, I feel there is much need for additional nursing personnel to assist and replace some of our disillusioned fifth floor nursing personnel due to the repelling, unattractive environment on ward 528.

We also have never been able to obtain a properly equipped and staffed emergency room, nor intensive care unit and our staff has suggested the installation of oxygen and suction equipment in rooms 212, 312 and 412 for use as special nursing care rooms for critically ill patients. These rooms are close to the nursing station, thereby enabling the nursing staff to keep close and constant observation on unusually sick patients which is also an alternative to a full fledged intensive care unit with competent staff. This has been recommended on previous reports, that is, intensive cardio-respiratory unit.

During the past fiscal year, we have had the best representation in Inservice Medical-Surgical Nursing Service Training that we have ever had. This inservice training has been in several categories related to improving the nursing personnel's performance.

Patient activities for out-patients in Wilson Building have become more active since the change over to the unit system during the past year. Activity Therapy, along with the nurse in charge in Wilson Building, have set up programs for the patients. Patients are getting out of the building some and are joining therapy programs including trips off the hospital grounds. This has created improvement in the patients who are participating in these activities in quite a contrast to the adverse situation we find on ward 528, Byrnes Clinical Center. We still do not have a supervisor for Central Supply Room and our Out-Patient Clinic is still being furnished supervision from the Nursing Office. Plans are to orient an R.N. in this, especially within the next few months. It is being recommended that we ask one of the local hospitals to allow a person for this position to observe and become familiar with up-to-date

management of this department. Our out-patient clinic maintains a satisfactory level of patient care with better cooperation of late from other disciplines.

Our Dental Department continues status quo with good performance and accountability and the staff appears to be reasonably adequate with two (2) dentists and with two (2) nursing personnel. Also, with the continued increase in procedures done year-by-year, we could certainly use a dental hygienist added to the Dental Staff or the equivalent to take care of oral hygiene, and prophylactic dentistry. The majority of our patients have a great need of this service.

We have had several changes in personnel of the Pharmacy Department during the past fiscal year. We have lost four (4) employees and gained five (5). The interior of the pharmacy has been painted along with increased shelving and there has been a repacking room set up. The pharmacy personnel has attended numerous services pertaining to professional activities and also have been active in hospital related activities.

Future plans are for a computerized label printing system and drug control with individual patient prescriptions and also more involvement on wards with Inservice Training. There will be refilling of Columbia Mental Health Center, Aftercare and William S. Hall Psychiatric Out-patient prescriptions. During the past year, there has been a 32.3% overall increase in total prescriptions and requisitions from all facilities. Even with this, our pharmacy has done quite a good job in performance and accountability during the past year.

Our Housekeeping Staff at Byrnes Clinical Center, Medical-Surgical Service is inadequate. The entire area is in need of much and thorough cleaning. There are only two men assigned to this area who do not have adequate time to do much more than daily chores and women, or one woman that is added, certainly is not able to do this type of work in an adequate manner, nor can members of the nursing staff do this extra cleaning. Our Nursing Supervisor suggested that we have a separate cleaning staff from Nursing under competent supervision in order to keep the entire building, especially patient areas, satisfactorily clean.

There has never been adequate cooling of fourth and fifth floors of Byrnes Clinical Center, and quite often we find it necessary to run electric fans constantly on all the wards in order to maintain a fairly comfortable area for patients and employees. This is not adequate, but is bearable.

There is also a great need for a full time physical therapist to carry on a program of training post-operative orthopedic cases and other

physically handicapped patients that are housed on the hospital grounds. We have one Masseur who is almost totally blind, who does the best he can, but is severely handicapped in doing this particular kind of work. In other words, it is quite unsatisfactory.

We greatly appreciate the performance of our Medical-Surgical personnel during the past year, and will cooperate the best we can in continuing such an environment conducive to excellent performance and accountability.

BYRNES CLINICAL CENTER LABORATORY SECTION

In the last fiscal year the total number of laboratory procedures shows an approximate 1.7% decrease as compared with the figures for 1973-74; this is related to an overall drop in admissions and resident patients for a total of 14.8%. These figures indicate an approximate increase of 13.1% in total laboratory procedures relative to patient occupancy.

The laboratory recently received a face lifting by the painting department of the Engineering Section. After approximately ten years, it was well received.

One of the highlights of the year has been the ordering of a multiphasic chemistry analyzer, the 1040 Programachem, which will be placed in the chemistry department in order to offer better patient service and increase production while maintaining or lowering the operating cost.

PHARMACY SERVICE

Prescriptions and requisitions for the 1974-75 fiscal year totaled 456,492. This is an increase of 111,486 over the previous year. The average prescriptions and requisitions were 1756 per day—an increase of 429 per day over the last fiscal year. Total receipts from After-Care Clinic were \$16,708.88. The total amount received from community mental health centers was \$114,111.76.

NURSING INSERVICE EDUCATION

The standards of Nursing Inservice Education have been upgraded in the areas of employment of Baccalaureate nursing personnel and in implementation of new curriculum.

Educational offerings include both theory and clinical experience under supervision of nursing instructors.

A Continuing Education segment has been established to meet needs of all levels of nursing personnel in order to promote better nursing care of patients.

An audio-visual skills laboratory has been provided for student practice of various procedures, techniques and skills to increase nursing knowledge and proficiency.

Fundamentals of Psychiatric Nursing and Psychopharmacology have been revised in theory content and in conjunction with intense clinical experience.

Nursing faculty involve themselves in doctoral and master's level coursework and in attendance at pertinent workshops.

Number of participants, completed and failed, in each course are as follows:

<i>Course</i>	<i>Completed</i>	<i>Failed</i>
Fundamentals of Psychiatric Nursing August 27, 1974 - June 27, 1975	220	31
Psychopharmacology June 26, 1974 - July 11, 1975	113	26
Continuing Education offerings September 24, 1974 - June 27, 1975	564	0

SOCIAL WORK SERVICE

The Social Work Service approached the fiscal year 1974-75 with a primary goal of providing an organizational structure, within the limits of staff, that might best accommodate the reorganization of the State Hospital into Units of Treatment. A Chief Social Worker was selected for each Unit in concert with the Unit Director and, in turn, other staff was assigned based on the needs of the Units with input from all staff members. As this was accomplished, staff needs became more apparent and provided the basis for a staff recruitment program. While we have continued to experience some problems, it is felt that each Unit now has a viable social work program that is both Unit and Community identified.

A second goal was to restructure our In-Service Training Program on the premise that training and education would be carried out at both the Unit and discipline level with the discipline maintaining an appropriate in service training program essential to the growth and development of the Social Work staff. During the course of the year, we had three workshops, one of which was carried out in collaboration with the University of South Carolina Department of Anthropology. In addition staff members were afforded a number of in-service training opportunities through the Department's Staff Development program.

Our Student Placement Program provided on-the-job clinical experience for five graduate students from the University of South

Carolina School of Social Work and five undergraduate students, one from Columbia College and four from South Carolina State College.

During the course of the year, Social Work Service was awarded a grant through the South Carolina Council for the Developmentally Disabled Service Act for a special project entitled "Development of Profiles on Mentally Retarded Patients for Deinstitutionalization". Because the funds were not available until August 1974, the grant was extended through August 1975, at which time we will have completed the survey and the appropriate report will be submitted. While this project is still in process, it is believed that it has been worthwhile and as a direct or indirect result of the project, an appreciable number of patients will have been discharged to the community or to a Mental Retardation facility.

The second project the staff has been involved in was the Purchase of Service Contract with the Department of Social Services under Title IV and VI of the Social Security Act. The thrust of this project was to provide Family Planning Services, Foster Care Services for Adults, and Special Services for the Mentally Ill for select patients toward deinstitutionalization. This project will end October 1, 1975 at which time funds under Title XX will be made available. The staff at this time is in the process of making application for funds under this program for select groups of patients.

As we look to the year 1975-76 we see the need for continued focus on recruiting and maintaining appropriate staff, and an on-going in-service training program geared to the needs of the staff and greater emphasis on closer linkage to the community with increased development of alternate placement for patients in need of this service.

PSYCHOLOGY SERVICE

The division of the hospital into units established new departmental goals. The initial task was to provide each unit with three levels of psychologists, doctoral level, masters and clinical counselors in sufficient number to provide the diagnostic and treatment services required by each unit. Currently each unit has two Ph.D. psychologists to provide treatment and direct supervision of the unit's psychology staff members. The current staff includes eleven Ph.D.'s, two Ph.D.'s (with dissertation incomplete only), ten M.A.'s and thirty-five Clinical Counselors.

The general approach to treatment in each of the units is a progressive or step-level program of three levels. The chronic or regressed patient is treated in a form of behavior modification using items from a token economy store for reinforcement of appropriate

behavior and for increasing the patient's interest in his or her personal appearance. The intermediate level uses a points system with increased activities of social interaction to help the individual build self-confidence and the motivation to want to return home. The exit wards use some type of social learning program to help the individual develop some degree of understanding of his or her problems and appropriate ways of dealing with his problems and with emotional stress. Much emphasis is placed on preparing the patient for re-entry into community life.

The department has provided in-service training for the department as a whole: group therapy techniques, behavior modification techniques, and psychopathology. Within each unit the key psychologist has provided further training in group therapy and in whatever area it was found the training was needed.

The key psychologists have been involved in establishing appropriate working relationships with the mental health centers associated with their units and have made trips to the centers to talk with the staff. Extending community relationships and training has been a specific focus of the Child-Adolescent Unit. Psychologists have conducted two patient surveys which have provided the administration with useful information on patient attitudes. Members of the Psychology Department are often asked to provide lectures to many of the tour groups and to special groups from other hospitals. The department has also provided practicums in special training assignments for students who are psychology majors from the local universities. These students have been very helpful on the wards and the schools feel that the practical training is a very vital part of their career preparation. With the decreasing number of patients, the psychologists hope to provide more intensive treatment in the coming year.

ACTIVITY THERAPY SERVICE

The Activity Therapy Service experienced many changes in the past year, along with the rest of the South Carolina State Hospital, with the initiation of a geographical unit system. Recreation Therapy program services were attached directly to the units with Music, Occupational Therapy and Library Services and a central Recreation Therapy program remaining in the Benet-Horger Complex. These changes made possible the planning of small group and individual treatment, thus insuring quality care to a greater number of patients in the hospital.

The Service staff reached an all time high of 62 in late 1974. This enabled us to start new programs in all areas of treatment. Thus

Service staff became involved in Activities of Daily Living programs and predischarge or community preparation programming.

Special Events:

Unit Activity Therapy Service staff and 58 patients participated in Handicapped Day at the Riverbanks Zoological Park.

Hoxie Brothers Circus was once again sponsored by the Activity Therapy Service with open and closed wards of the hospital, the Columbia Community Mental Health Center, William S. Hall Psychiatric Institute and C. M. Tucker Human Resources Center patients invited.

Music Therapy:

During the fiscal year 1974-1975 patient referrals totaled 1,158. 370 wards were contacted and 4,205 hours were given.

Chronic regressed patients in Music Therapy groups received structured treatment in an "educational activities" setting (Learning Basic Skills Through Music) which served to teach or to review basic skills such as how to utilize a calendar, vocabulary, recognition of numbers, colors, shapes, body awareness, personal hygiene and listening and also following directions. Individuals were encouraged to time their own practice periods through the use of clocks which had been placed in each practice room. Calendars were also placed in the rooms along with the clocks to increase patients orientation as to time.

A current musical events bulletin board in the department was also designed for keeping patients up to date.

Activities available to patients included Glee Club, eurythmic classes, monthly music club programs, record listening, hospital wide programs, individual lessons and practice periods.

Several deaf and hearing impaired males have been seen weekly in a group setting in Music Therapy during this fiscal year.

The patients attended regularly, displayed interest in the activity, learned to play separate parts in the rhythm band, and performed rhythm band compositions in a Music Club Program.

P.A.C.

The Patients Advisory Council, or patient government, functions as a part of the Activity Therapy Service. Wards elect representatives who attend a monthly hospital-wide meeting. In addition to discussing patient concerns and suggestions for the hospital improvement, PAC is responsible for the publication of the hospital newspaper, *Variety*. A staff member from the Recreational Therapy Department has supervised the production of this paper.

Special programs this year have included a Christmas Drop-In for

staff and patients, participation in a fashion show and a talent show sponsored by the Units. Advisors and officers were elected semi-annually.

Horger Library:

Number of patients coming to the library25,156
 Number of books charged out2,648
 Newspapers mailed to closed ward patients requesting them 5,177
 Magazines taken to closed wards20,746
 Staff visits to closed wards290
 Paperback books taken to closed wards1,014
 Horger Library receives forty-two newspapers and seventy-six magazines by subscription.

Eight hundred ninety-three new books were cataloged and placed in the general collection, Reference, and the South Carolina collection.

A new movie projector was purchased by the Library. Current interest and seasonal films, borrowed from the South Carolina Film Library, were shown on closed wards forty-three times during the colder months.

Title I: Institutional Library Service; VI-A@: Book Collection Improvement

Horger Library qualified for a grant of \$5483.00, which was used for the purchase of new books, binding, filmstrips and cassettes.

One hundred-twelve guided tours, with three thousand seven hundred forty-six visitors, were shown over the library and the services to patients explained.

Occupational Therapy:

With the initiation of a geographical unit system in the hospital, Occupational Therapy revamped treatment schedules of the Benet and Parker Occupational Therapy Clinics. Time schedules were given to each unit and treatment emphasis was shifted from large groups to a much smaller group setting, 1:6 ratio with more emphasis placed on individual therapy. Presently between the two Occupational Therapy Clinic areas there exists the capability of handling 56 patients from Unit II, 132 patients for Unit I, 33 patients for Units III and IV, and 22 children. Medical-Surgical and Ward 114 patients are seen along with Unit I.

<i>Fiscal Year Statistics</i>	<i>Number of Patients</i>	<i>Total Treatment Hours</i>
Parker Industrial Therapy	513	9,775½
Benet Occupational Therapy	1,324	10,861¾

Staff increased from 11 as of July 1, 1974 to 16 in January, 1975.

Occupational Therapy has participated in Activity Therapy Service In-Service Education Programs including the August 1974 workshop for Community Mental Health Center personnel from throughout the state of South Carolina.

The Occupational Therapy Department is continuing its own Utilization Review with the idea of moving into peer review in this coming fiscal year.

Recreation Therapy-Central Programming

The Central Programming staff was formed in September and October of 1974. At the present time there are seven staff members, this includes three recreation therapists and four recreation aides. The initial purpose of Recreation Therapy Central Programming was to serve as a link between the Activity Therapy's central programs and the unit programs, in order to provide consistent quality treatment to the patients in each unit as well as initiating programs of its own. The department has a number of functions that aid in coordinating unit programs. These duties include ordering supplies and equipment, conducting in-service training, scheduling the various treatment facilities that are located in the Benet Auditorium, scheduling and repairing of audio-visual equipment, ordering movies and acting as an advisor to the Patient Advisory Council for the *Variety*. In addition to these logistic type functions, the recreation programs are generally classified into general activities, mass activities, special events and referral groups.

I. General Activities:

Each month a calendar of general activities is printed and made available to all the patients in the hospital. The activities include arts and crafts, dance, special interests groups, music, sports and games, tournaments, T.V. quiz games and art. In order to offer such a wide range of activities the staff utilizes the Club Room (activities room), arts and crafts room, and the auditorium. Twice weekly programs are offered in small crafts and leather craft respectively.

To meet the physical exercise needs of the individual patients various sport tournaments are conducted weekly. Sports offer from moderate to strenuous physical exercise and competition. Games which provide more social interaction and are less physically demanding are also offered on a regular basis. These activities include table games and participation is co-educational.

Statistics for the general activities for the 1974-1975 fiscal year: 1,862 patients participated utilizing 133 staff hours.

II. *Mass Activities:*

Mass Activities include movies, dances and bingo. Movies and dances are held each week for the open wards and the closed wards. Bingo is held weekly on a hospital wide basis.

Statistics for Mass Activities: 27,930 patients participated, utilizing 335 staff hours.

III. *Special Events:*

Special event activities are the highlight each month for staff and patients. Included among these are the Halloween Carnival, Hoxie Brother Circus, holiday dances and community programs. There are many talented groups from the local communities that donate their time and effort to put on programs for the patients.

Statistics: 2,430 patients participated, utilizing 28 staff hours.

IV. *Referrals:*

A number of patients are seen by the Central Programming staff on a referral basis. One such group is the Activities of Daily Living Program. Several classes are conducted each week on such subjects as good health, food preparation, etiquette and clothing care. Classes are conducted for male and female groups. One of the more successful groups has been the community preparation program that meets weekly. Here men are taught kitchen skills, good work habits, and other types of skills that will help make their return to the community a successful one. Art Therapy groups are also offered on a weekly basis.

Statistics: 189 patients have been referred into these programs, utilizing 202½ staff hours.

V. *Ward Activities:*

There are two buildings assigned to the Central Programming staff, these are Wilson and Trezevant. Wilson is the Medical-Surgical Unit and ward activities are conducted four times per week in this building. The deaf men are housed in the Trezevant Building and are also seen four times per week.

Statistics: There were 2,355 patients participating in ward activities that included 275 staff hours.

PATIENT EDUCATION AND TRAINING

Children and Youth Standard School Program: Operated under a cooperative agreement between S. C. State Hospital and Richland County School District One Office of Special Services, the Blanding-Children's Unit School offers fully accredited elementary

and high-school programs. Its programs are available to those patients ages 6-21 years, inclusive.

Beginning the academic year 1974-1975 (September, 1974) the school's teaching staff was expanded from four to five full time teachers and, in addition, one full time teaching aide was hired. The school year has this summer (June, 1975) been expanded to provide a full time eleven month calendar. Previously, the program has operated on a half time basis during the summer months.

Number of Patients Seen: 221 Student Days of Attendance: 7,344 Other Child and Youth Education Services.

Pre-Vocational Training for Adolescents—Ages 13-18. Supported by a grant from the State Department of Education and administered through the State Hospital, the pre-vocational program provides a variety of instruction for both male and female residents. Among topics taught are self-grooming skills, housekeeping, use of tools, and career and vocational information. There is a staff of two, one teaching essentially industrial arts skills, the other home economics.

Industrial Arts

Number of Patients Seen: 87 Patient Contact Hours: 1,787

Home Economics

Number of Patients Seen: 106 Patient Contact Hours: 1,869

Speech and Hearing Specialist. This individual provides testing, diagnostic, and therapeutic services for Children's Unit patients. She is also available, upon special request, to work with patients of adult age.

Number of Patients Seen: 160 Patient Contact Hours: 1,085

Adult Education Services. The adult education program draws support from both the State Hospital and Richland County School District One Office of Adult Education. The program offers three main areas of instruction. The first is designed for persons who dropped out of school before graduating from high school. This program attempts to develop the skills necessary to pass the GED exam, to earn the equivalent of a high school diploma. Two patients have passed this test in the past year while hospitalized. The second area provides enrichment programs to assist potential college or technical students to brush up on specific skills needed for entrance exams. The basic education program offers literacy training. These programs also offer educational counseling at all academic levels. These programs are staffed by the Director of Education full time and Richland County District One teachers 17 contact hours per week.

Beginning with the summer of 1975, the adult education program has been expanded to a full 52 week year. Previously the programs have been abbreviated during the summer term. The programs have also been relocated (January, 1975) from Benet Auditorium to a

spacious location in the Babcock Building. Although the accessibility of this location is poor, the physical conditions are excellent.

Number of Patients Seen: 171 *Patient Contact Hours:* 4,468

Volunteer Literacy Tutors for Adults. Four Columbia College students were trained (in four one hour sessions) in the use of Laubach literacy materials. They were each assigned an individual to tutor on his ward twice weekly.

Number of Patients Seen: 4 *Patient Contact Hours:* 62

VOCATIONAL REHABILITATION DEPARTMENT

The primary goal was to provide vocational rehabilitation services to eligible clients within the hospital prior to discharge and after discharge. These services are designed to assist the emotionally restored patient in returning to gainful employment.

During the past fiscal year, despite the inherent problems of converting to a unit system, the Vocational Rehabilitation Facility was able to write 334 individual written rehabilitation plans, closed 190 cases as rehabilitated, and transferred 271 cases to Vocational Rehabilitation Field Counselors. The provisions of the above services required the expenditure of \$19,069.17 case service funds. Also during the year the Vocational Rehabilitation Service was able to assist the hospital in designing a patient work program which complies with the requirements of the Fair Labor Standards Act.

Our objectives were realized through the provision of the following services:

1. Counseling and Guidance
2. Vocational Evaluation
3. Work Adjustment Training
4. Personal and Social Adjustment Training
5. Homemaking and Consumer Skills Training
6. Job Placement
7. Financial Assistance for Vocational Training and College Assistance
8. Provision of Maintenance When Appropriate
9. Referral to Other Facilities
10. Assistance in making suitable living arrangements outside the hospital if client is employed in the Columbia area
11. Provision of occupational clothing, tools, and equipment
12. Vocational Rehabilitation Follow-Up Services

Next year's goal will be to continue to provide the services listed above to as many patients as possible

DEPARTMENT OF ADMINISTRATIVE SERVICES

The components which comprise the Department of Administrative Services are assigned the functional responsibility of providing operational support for the treatment programs of the hospital. During recent years the major efforts of this department have been directed toward the improvement of services for patients throughout the hospital. Considerable progress has been made. However, much remains to be done and plans are currently underway to continue and expand these activities.

The new laws which pertain to the admission law have created an additional workload for several components. The Registrar Division and the Engineering Division have assumed a greatly increased volume of activities without additional personnel. It appears that future staffing patterns for both of these divisions will have to be adjusted upward to meet the increasing demands for this activity and other projected activities as well.

The following reports from the divisions comprising Administrative Services give a full report of the activities of these divisions.

REGISTRAR DIVISION

During the past year the Registrar Division was revolutionized by the revised Mental Health Code which went into effect January 5, 1975. While it was the intention of the revised code to deter involuntary type admissions to the hospital, the records show that emergency type admissions have drastically increased. This has caused much confusion and added expense on the part of the hospital, Department of Mental Health, as well as the community and Judges of Probate. Thus far, the impact of the revised code has been far from anticipated expectations and it has been necessary for the Registrar Division to keep in close contact with the Attorney General's Office and the Offices of the Judges of Probate.

Three (3) interrogatories were received from the U. S. Department of Justice. The task of compiling information for these interrogatories caused numerous employees to work after hours and on week-ends. More than 10,000 records were scanned for information needed to complete certain questions.

Again this year as in the past, many excellent employees were lost because the salaries offered to employees in this area continues to be inferior of salaries offered to employees in other government agencies as well as in other areas of the Department of Mental Health. It is to be noted that some positions were upgraded in an attempt to establish a career oriented division for employees. This project will

be continued in the coming year because there has been no attempt to reclassify positions. There will be another attempt this year to commensurate the salaries with the job responsibilities.

The attachments are reports worthy of mentioning which are from the various sections of the Registrar Division.

COURT SECTION

Admissions and Dispositions:

Number of Admissions Returned to Court	465
Number of Admissions Retained in Hospital	76
Number of Admissions Returned to Court in Remission	35
Total Admitted	541

Requests for Discharge:

Total Granted	34
Total Withdrew	43
Total Denied, Judicially Committed	5
Total Denied, Request Made Sooner Than 30 or 15 days	27
Total Requests for Discharge	109

Legal Papers:

Total Legal Papers Served	293
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Court Judicial Admissions: (Jackson V. Indiana, and patients admitted after January 5, 1975)

Total Court Judicial Admissions	55
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Total Petitions for Re-Examination: (Pursuant to Section 32-1045, as amended)

Total judicially committed	2
Total withdrew	1
Total denied by Probate Judge	1
Total of patients transferred or out on pass before judgment ...	2
Total ordered released	1
Total Petitions for Re-Examination	7

ADMISSIONS AND DISPOSITIONS BRANCH

The new mental health laws which went into effect January 5, 1975, have brought about many changes in our Admission and Discharge processes. These changes have resulted in a tremendous increase in the work load assigned to this section. The anticipated reduction in the number of admissions did not occur. In fact, we have experienced a drastic increase in emergency admissions. At present, 48.5% of all admissions are emergency. In order to meet the legal requirements each emergency admission must be transported back to his commun-

ity for an examination and a hearing before the probate court. Many man hours are spent each day making the necessary arrangements for these trips. Release plans are now coordinated by a joint procedure without Department of Social Service and the Admission and Disposition Branch. Legal requirements of the release are handled by A&D. While the actual plan of one is necessary is made by Social Work Service. About February 1, 1975, we changed to computerized A&D Sheets. Patient movement is still reported to A&D. This action is entered endlessly into the computer. The information is then more readily available.

About February 1, 1975, we changed from a manually prepared A&D Sheet to a computerized A&D Sheet. Patient movement is still reported by A&D by nursing service. Action which originates in the A&D Section as well as patient movement is put into the computer by means of a cathode Ray Tube. The information is therefore more readily available.

CASHIER'S SECTION

Patients rights of privileges and payment of working patients have brought about an increase in the amount of funds handled by this section as well as an increase in the overall work load.

MEDICAL RECORD AREA

Many changes have taken place since the last annual report because of the interrogatory concerning the lawsuit of Alexander VS. Hall and the amended mental health laws.

Over 500 hours were spent by this area in retrieving information for the interrogatory which was done within set time limits. As of date, this suit has not gone through the court. This took place in the fall of the year.

At the beginning of the fiscal year, the amended mental health laws went into effect. The new laws caused many procedures to be changed, working time period to be shorten, much more documentation. There was a mass notification of all in-housed patients' notice of right to discharge or notice of right to petition the court for re-examination, depending upon their type of admission. As so much work must be done with the patient's record during the first fifteen days of admission, it is very difficult to obtain the record. The new law forces us to have the patient sign his right of discharge, to present the patient and record before two (2) designated examiners, a guardian ad litem, and appointed council, and have the patient at a hearing at a time suited for the court. In the meantime, the patient must appear at treatment team and must be presented to the medical

staff for diagnosis. Also, the patient must be brought down to the office and all legal papers regarding his judicial hearing served on him; this entails explaining to the patient what the papers are about and these papers must be notarized by one of the employees. Approximately six to eight papers are served on every emergency admitted patient.

The volume of incoming and out-going mail has more than doubled. The law now requires the hospital to notify the next of kin and/or correspondent of all legal actions; many calls are received as these people do not understand what is going on with the patient.

We now must staff all patient's within fifteen (15) days; involuntary patients must be restaffed at the end of six (6) months and annually thereafter; and voluntary patients must be restaffed every six (6) months.

Much time is taken to talk with attorneys, guardian ad litem, and designated examiners. We must make arrangements for these individuals to see the patient and his record. This is done at the convenience of these individuals and not the hospital's.

Because of the Jackson VS. Indiana lawsuit, one individual spends one (1) day a week in court with these admissions. This involves traveling all over the state of South Carolina and making such arrangements.

Much time is taken to talk with patients regarding their right to request a discharge or right to petition the court for re-examination.

Under the amended laws, patients now must sign permission for release of medical information. This entails calling the patients down, explaining to them what the release is for, and having the patient to sign. Depending upon the type of admission, authorization for release of information must be obtained from the next of kin also.

Employee-patients' time must be kept under the new law as they are now paid for their services. These employee-patients must be kept busy, evaluated, and time kept. This is carried out on a bi-weekly basis.

Approximately February of this year, much time was spent trying to get PSRO (Professional Standards Review Organization) into action as to comply with Public Law 92-603. Many man-hours were spent in meetings, trying to understand what was expected of us, what forms would have to be drawn up, and how we would meet the prescribed standards. During the latter part of March, it was learned that PSRO was not in effect and it was not known when it would go into effect. By this time, though, many committees had been revamped to meet these standards. We are still functioning as if PSRO is in effect.

We have been surveyed by the Department of Health and Environmental Control once and Blue Cross-Blue Shield twice. When surveyed by each of these the first (1st) time, no deficiencies were found. In June, 1975, Blue Cross-Blue Shield surveyed us under their new set standards and because Patient's Personal Affairs Branch did not send their bills in on a timely basis, we did not pass this survey and will be re-surveyed in August. Because of this deficiency, Blue Cross-Blue Shield has asked us to pay back money that they already had paid. It should be noted that we are obtaining more and more patients under medicare coverage and our work load has increased much.

The work load in the Medical Record Areas has increased tremendously. Paper work has more than doubled and filing has more than tripled. We are now hurting for filing space, dictating space for the physicians, and work space.

TRANSCRIPTION BRANCH

The Transcription Branch has the responsibility of transcribing medical reports of Physicians, Psychiatrists, Court Social Workers and Psychologists.

Compared to the previous year the number of belts dictated (total) increased 563. The number of belts transcribed decreased 99. The large increase in total transcription (dictation) is attributed to the fact that more reports are being dictated on each patient and we also had a carry over of dictation from the previous year. Also, we have more doctors and personnel dictating than we had in the previous year. There has been a five per cent (5%) increase in dictation as compared with six (6) months period of time in 1974 as a result of the new laws.

BYRNES CLINICAL CENTER MEDICAL RECORDS DEPARTMENT

The Byrnes Clinical Center is the general hospital for the S. C. Department of Mental Health and the Medical Records Department works with the Registrar Divisions of all S. C. Department of Mental Health facilities as well as other state agencies which have patients in the Byrnes Clinical Center.

During the past year the Utilization Review Plan for the Byrnes Clinical Center was revised which had been prepared in accordance with the model "Fischer's Lane Memorial Hospital" plan provided by the Bureau of Health Facilities and Services of the State Board of Health. The medical care evaluation studies conducted by using the

Performance Evaluation Procedure (PEP) as prepared by the Joint Commission on Accreditation of Hospitals were proposed in preparation for the PSRO regulations. Criteria to be used in these audits and reviews was from the S. C. Blue Cross/Blue Shield Review Manual and criteria developed by the Medical Staff. Our Utilization Review Committee has been very active in following through with these new rules and regulations.

During the calendar year we have been surveyed by Blue Cross/Blue Shield of South Carolina for the purpose of assuring high quality patient care and treatment. As a result of the findings from the audits performed, the Byrnes Clinical Center failed to meet Medicare regulations for "Waiver of Liability" and was placed "On Notice" for non-compliance in the area of denial statistics and timeliness of submitting interim bills. The denial rate has improved and we are now maintaining a denial rate of 5% or less which meets the Medicare standards. All other areas including certifications and recertifications were always in order.

Another procedure change for our area has been with permissions for surgery. With the new admission laws in effect, the patient, if mentally competent, must also give permission for the surgery along with the permission from the nearest of kin.

This year the Byrnes Clinical Center received 758 admissions which consisted of psychiatric and non-psychiatric admissions. At the same time, there were 716 discharges from this facility with 86 of these discharges being deaths. Also we had 9 births during the year.

SUPPLY AND SERVICE DIVISION

The continuing goals of this division during the year to improve all aspects of the hospital environment where patients reside and congregate were successfully accomplished. These areas have been furnished with an assortment of new or renovated furniture, drapes, pictures, live green plants, colorful bedspreads, upholstered rocking chairs, and other items which promote more comfortable and attractive surroundings for patients. Since January 1, 1973 the hospital bed complement has been reduced by 883 beds from 3341 to 2458. More attractive and better quality of clothing has been issued to most patients who have campus privileges. Continued improvement in clothing is planned for next year, if funds are available. The normal support mission of the hospital's treatment programs has been completed satisfactorily. Accounting functions pertaining to supplies, equipment, clothing and dry goods, etc.; inventory procedures and economy of operation have been performed in a most adequate manner throughout the year.

Substantial progress has been made during the year in improving laundry service. New laundry equipment was installed and in full operation throughout the year. During the year 1,161,050 pounds of linen and clothing were laundered at the hospital, which constituted 51% of the total laundry requirements. The laundry work accomplished at the hospital is of a much higher quality than that of the Central Laundry and at the same time a savings in excess of \$8,000. was effected. The cost of laundry done by hospital personnel, after all expenses including salaries were tabulated, amounted to 5 cents per pound. The cost factor of laundry work next year is going to take on added significance due to a price increase from 6 to 9.5 cents per pound by the Central Laundry. Actual performance over the past 12 years has proven that the Department of Corrections cannot provide adequate laundry service to this hospital. Facilities and equipment should be provided to enable this hospital to accomplish all of its laundry requirements.

Total gross sales by the Canteen, including vending and store operations, for the year were \$342,376.89, an increase of \$22,979.91 or 7.2% over last year. Store gross sales were \$158,183.63, up \$18,008.00 or 12.8%. Vending gross sales were \$184,193.26, up \$4,971.91 or 2.8%. Profits in both operations are down by an estimated 6% in comparison with the previous year. The decrease in profits is due to price reductions in the store operations and smaller commission rates from vendors, in order to hold down prices. The Canteen Store building is inadequate in size for the current volume of business being handled.

FOOD SERVICE

The Food Service Division strives to prepare and serve wholesome, attractive foods to patients and employees to meet the individual need.

Good Nutrition Standards are used in the Food Service Division. The organization is composed of a qualified Full-time Food Service Director, a Registered Dietitian, qualified Staff members and many helpers.

The Nutrition Standards used to evaluate adequacy is the Recommended Daily Dietary Allowances (R. D. A.) compiled by the Food and Nutrition Board, National Academy of Sciences-National Research Council. The R.D.A. lists all of the known nutrients as Calories, Proteins, Fats, Carbohydrates, Minerals and Vitamins. These nutrients are summarized and used as the four basic food groups, needed to maintain growth and health under normal and exceptional times as in injury, disease, and variation in ages.

Regular meetings are scheduled to discuss the menus. This committee, headed by the Food Service Director, is composed of representatives of the various facilities, serviced by the Food Service Division, to report responses of their area to food served to them.

Along with many small improvements the most visible addition is the new 3M System which is installed in the Blanding, Wilson and Byrnes Buildings that assures patients hot foods at meal-time.

A new Mastermatic Flight-Type deep fat fryer is now being installed in the main kitchen. A new large Travel-Tray Oven is being installed in the Bakery.

The South Carolina State Hospital Food Service Division continues to do a commendable job in providing nutritious meals for patients and employees.

Statistical information of the meals prepared and served for the Department of Mental Health during the year is as follows:

South Carolina State Hospital

Regular Diets to Patients	1,921,647
Special Diets to Patients	524,594
Regular Diets to Employees	362,976
Special Diets to Employees	11,786

Columbia Mental Health Center

Regular Diets to Patients	5,423
Special Diets to Patients	60
Regular Diets to Employees	18,875

John M. Fewell Pavilion

Regular Diets for Patients	36,315
Special Diets for Patients	121,404
Regular Diets for Employees	24,187

E. Roy Stone Jr. War Veterans Pavilion

Regular Diets for Patients	90,072
Special Diets for Patients	54,816
Regular Diets for Employees	23,594
Special Diets for Employees	132

William S. Hall Institute

Regular Diets for Patients	84,751
Special Diets for Patients	8,718
Regular Diets for Employees	90,465
Special Diets for Employees	728
Guest Meals	475

Byrnes and Wilson

Regular Diets for Patients	108,840
Special Diets for Patients	154,253
GRAND TOTAL	3,644,429

ENGINEERING DIVISION

REGULAR FUNDS

Renovation of 1st and 2nd floor center section of Babcock Building. Composing of new floor and lowered ceiling, installed new lights and new entrance doors on second floor. Also wall paper on side walls. First floor — painted new floors and widened doorway next to elevator.

Air Conditioners installed in sleeping quarters of Wards 100, 200, 300 Babcock Building.

Removed part of ramps leading from center section 3rd floor Babcock to wards 304 and 306. Installed new floor on center section.

PROJECT

Renovation of old Laundry Building, new quarry tile on floors, dropped ceiling, installed new lights and painted both interior, exterior and roof. Also painted exterior, interior and roof of LaBorde and Parker Annex.

Renovation of old fire house converting into office and storage room for Housekeeping Department.

Constructed covered walkway from east end of ward 100 to Male Dining Room west side and also from ward 102 to Dining Room.

Removed center section of entrances of Saunders and Preston Buildings.

City finished laying the two (2) 84'' pipes up to the drive up to the kitchen. Grounds Crew leveled the old ditch area, put curbs and graded parking lot at east end of ward 100 — was paved by contract.

Put curbs and graded old North Building lot — ready for pavement by contractor.

Replaced approximately 25 Black & White TVs with Color sets.

TRANSPORTATION

The total vehicles serviced and repaired for S. C. Department of Administration Services, Community Mental Health Services, Columbia Area Mental Health Service, William S. Hall Institute, C. M. Tucker Human Resources Center (L.T.C. & W.V. Home) and S. C. State Hospital are 127.

S. C. State Hospital had a total of four (4) vehicles added to our fleet. Other facilities had a total of eleven (11) added to their fleet in the past year.

Out of town trips for patients totaled 140,827 miles. July 1, 1974 to December 30, 1974 — first six (6) months a total of 12,031 miles.

January 1, 1975 to June 30, 1975 an increase total of 128,796 miles.

The total miles for all S. C. State Hospital vehicles were 371,255 miles.

PAINTERS

Painted most all wards in Babcock Building Male & Female. 1st floor Babcock Rehab. & hallway. All outside stairwells. Leiber, Blanding, Wilson and Gibbs exterior. Blanding interior. Part of Gibbs interior. LeBorde interior & exterior also roof. Parker Annex interior & exterior also roof. Two floors Parker Building. Lining Control outside, interior and roof. Housekeeping interior & exterior. Part of registrar at Williams Building. Exterior of old Garage, exterior Rehab, exterior Milk Plant, exterior & interior of Female Mess Hall, exterior Male Mess Hall. Dr. Cooper's Residence. Number 5 cottage, Number 4 Cottage and 2100 Bull Street. 500 yard benches. Beds in Saunders, Allan, Preston and Cooper Buildings.

HOUSEKEEPING DIVISION

At the beginning of the fiscal year a new division was created to provide housekeeping services for all areas of the hospital. Formerly this function was assigned to the Supply and Service Division as a branch operation.

Within recent years there has been a concerted effort to improve the quality of housekeeping services throughout the hospital. The Housekeeping Branch had been responsible for the maintenance of administrative and public areas in the various buildings. However, there was an obvious need for a total housekeeping operation which would provide services for all areas of the hospital and consequently a separate division was established for this purpose. Additionally, the pest control operation which had been for a number of years a function of the Engineering Division was also reassigned to the Housekeeping Division. This function relates more closely to the basic mission of this division.

The primary goal or objective of the year was to establish a well organized and functioning Housekeeping Division. Supervisory personnel were selected and a supply clerk and administrative clerk employed for the division. Due to the freeze on vacant positions a number of areas could not be adequately staffed for housekeeping services. However, 30 employees were transferred from Nursing Service and 52 other positions were made available to establish a nucleus for the Housekeeping Division. There is still an urgent need for additional personnel for this division to provide the level of housekeeping services for all areas of the hospital which is needed.

The Housekeeping Division is responsible for maintaining approximately 700,000 square feet of space. This figure does not include the wards of the Medical-Surgical Unit, but does include the administrative and corridor space in the Byrnes Clinical Center. On July 24, 1974, the Housekeeping Division assumed responsibility for housekeeping services in Unit I. On August 20, 1974, Units II and III were taken over by this division. Unit IV was covered by the Housekeeping Division beginning on December 13, 1974.

While the level of service has not reached the point where it is desired to be, considerable progress has been made in establishing this separate division for housekeeping services. With additional personnel and the planning in-service training program it is anticipated that this division will in the near future be able to provide a high quality of service for all areas of the hospital.

VOLUNTEER SERVICES

South Carolina Volunteers enthusiastically supported the Hospital's reorganization of Treatment Programs, to include four Units and four Specialized Treatment Services. The Unit System, with its orientation toward geographical sections of the State, encouraged and assisted in developing and promoting more community interest and support for patients. Volunteer services and contributions of more than \$77,429.72 were distributed in an equitable and effective manner to all hospitalized patients.

Throughout the year, 34 active County Chapters of the S. C. Mental Health Association worked regularly with Volunteer Services staff in its Education, Services and Gifts Programs in the delivery of benefits to patients. Seven County Chapters in the four Geographical Areas adopted wards in their respective Units at the Hospital and routinely provided recreation, refreshments, ward gifts and ward parties. Several County Chapters, working with Hospital Volunteer Services and Geographical Area Clinic or Center Staff, sponsored Community Volunteer Workshops.

Forty-seven churches of the Fairfield Baptist Association continued to actively serve patients. Eight of these forty-seven churches adopted wards in Unit II and assisted in providing personal services to patients and improving Hospital environment by contributing ward gifts of pictures, floral arrangements, bed caddies, etc. Many other local churches of various denominations (including Baptist churches not in Fairfield Association) served Unit II patients also. Of these, twenty adopted wards and provided monthly activities to include personal services and monetary gifts.

Other South Carolina Churches, Garden Clubs, School Groups and Civic Organizations helped to make up the Corps of Group Volun-

teers. Approximately twenty-two of these groups, varying in number from 3 to 20, had specific assignments; visited from one to two hours monthly and provided activities of a social or recreational nature.

Eleven additional groups served on special occasions: Mother's Day, Easter, Halloween and Thanksgiving by bringing entertainment, recreation and refreshments in keeping with the occasion.

Students from area High Schools and local Colleges, along with housewives and retired persons, were among the 102 individuals who had specific job assignments, in keeping with the overall treatment goals. These individual Volunteers were supervised by staff of the various Disciplines and contributed a significant number of service hours. Two Awards Services were scheduled during the year to recognize individual Volunteers. Some other individuals visited irregularly on special occasions and provided appropriate entertainment and recreation.

Service hours and gifts were greatest during the Christmas Season with contributions received from twenty-seven County Chapters of the Mental Health Association; forty-seven churches of Fairfield Baptist Association and twenty-five other Baptist Churches; two Catholic, twelve Episcopal, eight Lutheran, twenty-one Methodist, eight Presbyterian, and five churches of miscellaneous Faiths; also, twelve School Groups, four Garden Clubs, twenty-three Commercial, Civic and miscellaneous groups and fifty-seven individuals. Additionally, eighty ward parties or Christmas activities were scheduled during December, complete with gifts, seasonal entertainment and refreshments.

The Director of Volunteer Services continued to be actively involved with local work related meetings: Central South Carolina Coordinators of Volunteers; South Carolina State Agency Coordinators; Advisory Committee, Retired Senior Citizens Volunteer Program; Member, Hospitalized Patient Committee, S. C. Mental Health Association. Other responsibilities included attendance at several annual meetings of County Chapters of the S. C. Mental Health Association and the Volunteer Recognition and Awards Banquet at Whitten Village. During the year, the Director hosted and toured special interest groups: S. C. Mental Health Association Board Members of County Chapters, staff of Community Services Clinics and Centers, Church Groups, Boy Scouts and College Students, through the Hospital. Additionally, the Director worked closely with S. C. Mental Health Association in arranging a reception at the Lace House to honor South Carolina Volunteers.

Volunteer Services staff was increased to include a Coordinator in Unit II. This individual is an active member of the Unit Treatment

Team and coordinates the Volunteer Program in keeping with the treatment goals of the Unit.

Future plans of the Department will include expanding and strengthening already existing Volunteer Programs and developing new programs and services as needs arise. Coordinators of Volunteer Services are needed in each of the Geographical Units to work closely not only with Unit Staff, but with Staff of the Clinics and Centers and with Volunteers in the respective Geographical Area (Community) in all matters pertaining to the delivery of Volunteer Services to patients. Programs, whether group or individually oriented, will be in keeping with overall treatment goals and geared to meet needs of both patients and Volunteers.

This summary would be incomplete without an expression of gratitude to both staff and Volunteers for their dedication, interest and support in the delivery of more adequate and personal services to patients. We acknowledge with sincere appreciation this tremendous service provided by staff and Volunteers.

NURSING SERVICE

The Office of the Director of Nursing III supports, strengthens, develops and maintains a unified association with all divisions and sections of Nursing Service for the purpose of delivering quality nursing and patient care.

Unity is achieved on the basis of several functions which the office and all divisions or sections see as concerned with the formation of employees so that, becoming knowledgeable and skilled each will contribute his part in the recognition and delivery of safe, effective and satisfying care to patients.

Functions:

1. The Nursing Director interviews and provides the staffing to meet unit needs.
2. The Program Nurse Specialist II acting with nurses and department supervisors offers and coordinates formal classes and other learning opportunities for all nursing levels.
3. The Inservice Education section teaches and develops the basic knowledge and skills needed by non-nursing personnel.
4. The Inservice Education section also provides refresher courses at all levels.
5. The Office of the Nursing Director III, the Program Nurse Specialist II and the secretary receive and disseminate all official Directives and educational material from Administrative sources and other institutional division chiefs.

6. The office and staff remains at all times alert to and aware of current local and national trends in the field of nursing, sharing these for use in upgrading nursing performance and further implementing the development of nursing personnel.
7. The office and staff cooperate in the application of necessary disciplinary measures to the units and their members.
8. All nursing personnel encourage through direct intervention, that each patient will be physically and mentally comfortable with themselves and associates so that they may operate at the highest level of performance possible and be involved in worthwhile activities and their own treatment plans.
9. All divisions and nursing sections strive to improve communications between Units and among all other professional staff disciplines for improved understanding and provision of activities and care.
10. The Director of Nursing and The Program Nurse Specialist II seek out and bring to the attention of all nurses and staff members current workshops, seminars and inservice programs.

DEPARTMENT OF PROFESSIONAL SERVICES

MEDICAL STAFF

The intensive program instituted during the previous fiscal year to recruit physicians and especially psychiatrists was continued during this fiscal year. This, coupled with the reorganization of the hospital into units, resulted in the recruitment of a significant number of physicians, many of whom are trained psychiatrists. The patient-physician ratio has therefore improved markedly.

With the physician as the team leader, many new treatment programs have been instituted. The unit system has allowed the various treatment programs to be better tailored to the patients' needs. It is felt that the level of treatment has thus been elevated and patients are getting more individual attention.

There is still a need within the hospital for additional physicians in spite of the gains noted. The recruitment of appropriately trained physicians will therefore continue during the next fiscal year.

FIRE AND SAFETY

Twenty-three (23) fires occurred during the fiscal year. Estimated damage of these fires was \$0.0 to \$335.90, with a total damage of \$1,098.75.

Two hundred twenty-three (223) new aides attended the nine (9)

classes which were held at Inservice Training on Emergency Evacuation; also, films pertaining to Emergency Evacuation due to Fires were viewed. How to use the fire extinguishers and the type to use on different classes of fires was discussed and actually used on fires. The film and demonstrations were presented by instructors from the Columbia Fire Department.

Automatic sprinkler bells were tested each month and those found not to be in good working order were reported to Engineering for repair. The sprinkler systems were also flushed at the test valves every three months.

Practice fire drills were held on each ward during the morning or afternoon shift every three months for a total of one hundred seventy-five (175) drills. A discussion with the night employees on procedures to be followed by all personnel discovering a fire was also held on each ward every three months totaling one hundred sixty-nine (169) discussions. All practice drills and discussions came to a total of three hundred forty-four (344). All areas were inspected at least monthly for fire and safety hazards.

All of the standpipes and fire hydrants were flushed every three months. The carbon dioxide fire extinguishers were weighed twice during the year (August 1974, and February 1975). All fire extinguishers (carbon dioxide, dry chemical, and water pressurized) were checked on each monthly inspection.

Area hospital safety council meetings were attended by the Safety Coordinator each month.

CRAFTS-FARROW STATE HOSPITAL

SUPERINTENDENT'S REPORT

Through continued program planning and improved treatment methods, we were able to reduce the patient population by 267 during the year. Special emphasis was placed on programs for the mentally retarded patients and the older chronic patients, which resulted in an increase in discharges to alternate care situations or home.

The expected increase in personnel to meet accreditation and other standards has not materialized. Our budget request for this year was cut 195 spaces. There is a serious shortage of registered nurses, activity therapists, psychologists and other treatment and support personnel needed to meet minimum accreditation standards and provide adequate treatment and care for the patients in our custody.

The new admission law placed considerable added burdens on

Transportation, Nursing Service and the Registrar. Over 60% of the admissions are on emergency basis, which requires frequent contact with local judges, as well as cars and personnel to transport patients back to their local community twice during their first twenty days in the hospital.

In spite of efforts to have some major deficiencies corrected to meet approved safety standards and provide better facilities, little has been accomplished. Over 800 patients remain in completely inadequate facilities. Lack of adequate electrical power in many buildings prevents installation of needed washing machines and driers. There remains a critical shortage of office space to house physicians, social workers, and other professionals. However, the long-awaited fire alarm and smoke detection system is nearing completion. Plans have been completed or are underway to renovate two buildings housing 240 patients and to construct some additional office space, a new canteen and post office as well as a supply and linen-handling building.

The medical audit and evaluation section is completing its first year of operation. Marked improvement in medical records has been accomplished, and some improvement in Social Service reports and records has been made. The successful utilization of this section has enabled us to move close to complete compliance with Federal requirements of Medicaid, Medicare and PSRO. Four medical care evaluation studies have been completed and others are in progress.

Newly-constructed partitions in wards have helped us to provide some privacy for patients. However, with 450 patients more than can be properly housed (to meet space requirements of no more than four patients for each single-portioned area), we are still too overcrowded for present facilities. Overcrowding of patients also prevents us from having adequate office and activity space on each ward.

Full accreditation will continue to be in jeopardy until adequate new construction is completed (a 300 bed ICF type facility has been requested), overcrowding relieved, old buildings renovated, and an adequate staff obtained.

ADMINISTRATIVE SERVICES

The Department of Administrative Services is made up of seven divisions: Registrar, Supply and Service, Food Service, Engineering, Security, Farm and Housekeeping.

By helping to provide a pleasant and safe environment for the patient, making sure that the patient has wholesome and nutritious meals, providing needed supplies and equipment, keeping patient records, and seeing that the hospital abides by regulating state laws

and the Department of Mental Health regulations, these divisions provide supportive patient care in areas other than those which come under the Department of Professional Services (which provides direct patient care).

In August of 1974, Crafts-Farrow State Hospital was awarded an additional one-year accreditation by the Joint Commission on Accreditation of Hospitals. Major deficiencies were noted. The entire Department of Administrative Services is keenly aware of the need to keep Crafts-Farrow State Hospital accredited, both from the standpoint of the possible loss of Medicare and Medicaid funds, and from the prestige aspect which accreditation by the Joint Commission on Accreditation of Hospitals provides for both patient care and staff recognition.

Much progress has been made toward correcting the deficiencies noted in the August 1974 Joint Commission Survey; as funds become available, other needed changes are being effected.

REGISTRAR DIVISION

The new commitments laws went into effect on January 5, 1975. The process of interpreting this law into language which could be understood by all personnel was delegated to the Registrar. Memoranda concerning all types of admissions and the legality of admissions and discharges were drawn up by the Registrar for the signature of the Superintendent.

The new law placed a tremendously heavy burden on the already overloaded Registrar Division. Of particular concern to us was the five-day limit imposed on emergency admissions (requiring papers to be signed by the Judge and returned to us within five calendar days). On weekends and holidays, this created havoc necessitating a call to the Probate Judge to see if he approved or disapproved the application.

Emergency admissions created the real "tiger" in the whole law because if the Judge orders hospitalization, we have twenty days to get the patient judicially committed. We have to send the patient back to the county twice for a physical examination and for the hearing. The new law also states that the patient must appear before the Medical Staff on or before the fifteenth day after admission. This has created a rush on all phases of the Registrar Division. A Social Service History, a Physical Examination, an Admission Note, a Progress Review (seventh day) Note and a Staff Note must be done before the hearing. To be more specific, the work has doubled and the time space cut in half as compared to the old law.

The Registrar has been constantly meeting with lawyers, Probate Judges and the Attorney General as to legality of some of the questions that come up as a result of the law. Attempts to have amendments to the law changing time and other things were unsuccessful. This law has created double the work for Registrar personnel.

Admissions and Disposition Office

In addition to providing the necessary paperwork services for incoming and out-going patients, this office is the information center for Crafts-Farrow State Hospital and operates the Public Address System.

During the year, a total of 2165 patients were processed in and out through this office which is manned 24 hours a day, seven days a week. We installed a Cathode Ray Tube in the office whereby all SCDMH patient admissions, discharges, deaths, transfers and passes are punched into the computer. Through the use of the CRT, this staff provides up-to-date information regarding location of patients as needed.

Medical Records

This section of the Registrar Division handles typing of all insurance claims, death certificates, medical dictation, and Social Service Histories. This section processed 308 deaths during the year.

This section also furnishes secretarial services for meetings and types all correspondence. Government regulations continue to require more documentation of services in order to continue receiving Federal funds. We have a need for more clerical workers, but, due to crowded office conditions, we do not have any working space for new employees.

This year, the function of paying working patients bi-weekly was added to this section. We have some 450 working patients with a bi-weekly payroll of around \$8,000.00. This job required a total of about 21 working hours bi-weekly with the services of 6 people. As the checks are distributed, each patient endorses his check and is given up to \$10.00 in cash; the balance of the patient's income is then placed in his personal fund account.

Medicare-Medicaid

This section processes the paperwork on all Medicare patients, both psychiatric and medical. Blue Cross auditors reviewed our records four times last year, 90 cases each time, for a three-day audit each time. In addition to some 400 Medicare patients, we also have about 850 Medicaid patients at all times; these patients must be checked for recertification for psychiatric needs every 60 days.

Post Office and Personal Fund

This office is staffed by three personnel and is open from 8:30 a.m. to 5:00 p.m. Monday through Friday and on Saturday from 8:30 a.m. to 12:30 p.m. The office processes all hospital mail and, as a Federal Branch Post office, it handles money orders, stamps, etc. in excess of \$800.00 per day. The office also disburses patient funds of approximately \$4,000.00 per week from such sources as V. A., Social Security, Supplemental Social Security Funds and income from personal sources. Also, one of these three employees serves as mail carrier by making a delivery and pick up twice a day to specified offices in the hospital.

SUPPLY AND SERVICE

The Supply and Service Department continues requisitioning, storing, and issuing supplies to all areas within the hospital and to other facilities of the Department of Mental Health, including the Alcohol and Drug Addiction Center. Records on expendable and non-expendable items are maintained, and inventories held periodically. The clothing for patients has been upgraded with plaids, stripes and floral prints, to get away from institutional dress.

Approximately 30 patients are engaged in working positions to encourage them to participate in assignments to help them become more active and gain confidence in themselves. They are periodically re-evaluated and assigned to more or less responsibility depending on the evaluation results.

The Canteen is operated for the convenience of patients and employees. Vending machines are installed in a number of patient buildings for their convenience and are serviced regularly by each vending company. The profits from the Canteen are used for the purchase of recreational items and entertainment for patients.

Sales for fiscal year 1974-75 amounted to \$123,014.16, an increase of \$27,262.29 over the previous year.

ENGINEERING DIVISION

The Engineering Services Division has concentrated maximum effort on the deficiencies noted in the Annual Fire Inspector's Report and has continued efforts to provide many needed improvements identified by the Accreditation Surveyors in August 1974. Contract was awarded and work was begun on installation of an electrically supervised, manually operated fire alarm system in all buildings on the hospital campus. This system, when completed, will automatically transmit an alarm to the City of Columbia Fire Department and display the location of the fire on a lighted Annunciator Panel at the

Security Office, the Admissions Office and the main entrance of the Building affected. Work on this contract, which also includes installation of a new Public Address System, is scheduled for completion in October 1975. In addition to the above fire protection system, a dry chemical fire protection system has been installed over the deep fat fryers in the Food Service Facility.

Curtain and drapery rods have been installed in all ward buildings and dayrooms, and necessary assistance provided in hanging colorful drapes. Pictures have been framed and mounted on walls throughout dayrooms and dining halls to enhance the atmosphere and decor of these areas. Many areas have been repainted to brighten and improve the appearance. Hanging flower baskets have been erected. Open Nursing Stations have been given high construction priority and many of the existing stations and medicine preparation rooms have now been modified to satisfy this requirement. Bulletin boards, orientation boards, and chalk boards have been made and installed in ward dayrooms and nursing stations to disseminate information and enhance patient awareness. Ceiling-mounted fans have been installed throughout two Ward Buildings to help alleviate the heat. This action was taken pending the ultimate approval and funding of a project to upgrade the exterior electric distribution system, increase power available to the buildings, and replace the wiring within the buildings to support improved lighting and air conditioning. Dry storage space has been constructed within the Food Service Facility to satisfy requirements and improved office space has been made available for the Dietician and Food Service Supervisory personnel. Some ward and dayroom space has been converted to office, classroom, and vocational rehabilitation facilities.

Increased emphasis and effort has been directed to expanding the Preventive Maintenance Program to include all heating and air conditioning equipment, mechanical equipment, food service and kitchen equipment, electrical components, emergency generators, and recurring items of building maintenance.

Personnel retirements due to age and physical disability, plus terminations for other causes, have presented a considerable problem throughout the year. There have been six Division Personnel who retired and ten were terminated for various other causes. No additional personnel have been authorized and lengthy periods have been entailed in securing qualified replacements. With sixty-five total authorized positions, the assigned personnel strength has varied between fifty-seven and sixty during the year.

SECURITY DIVISION

The Security Division continued its duties in the lines of law enforcement, fire and safety, traffic control, and the protection of persons and property. During the latter part of August, 1974, the position of Chief was filled after having been vacant for eight months.

In order to upgrade skills, we have provided training during both on and off duty time for officers.

During the year a total of 52,301 miles were driven by Officers in patrolling the grounds and surrounding property and in answering calls. Officers answered 3,071 calls of which there were 217 incident reports written and investigated. Included in the incident reports were 35 auto accidents and 19 reports on fires. There were 157 patients reported as having left without permission and all but one were found and returned. There were 587 patients transported to various locations by the Officers. There were 854 auto decals issued during the year. One employee was apprehended and charged with larceny, 17 persons were arrested for illegal hunting and fishing. Seventeen employees were given polygraph tests in reference to cases being investigated. There were 259 warning tickets issued and 171 personal injury reports given to this Division; 35 summons were issued. The Division conducted 186 fire drills in the various buildings; 29 classes on fire and safety were given to new employees.

FOOD SERVICE

In compliance with the recommendations made by the Joint Commission on Accreditation of Hospitals, a large store room was built to house non-food supplies separate from food supplies.

The Division continued to improve service by replacing major worn-out equipment, such as a 3-phase meat chopper and a nylon conveyor belt in the Diet Kitchen. The supervisors were moved out of the small dining room into new offices, thus creating more space for feeding additional personnel.

The Registered Dietitian, who had been on the staff at Crafts-Farrow State Hospital, was assigned as overall Dietary Consultant for the South Carolina Department of Mental Health. Menus continued to be coordinated with those of South Carolina State Hospital.

Meals prepared and served at *Crafts-Farrow State Hospital*:

Special diets and ground food prepared and served .1,386,051

Regular food prepared and served1,584,988

Meals prepared and delivered to *Midlands Center*:

Special diets prepared and delivered 95,620

Regular and ground food prepared and delivered435,523

Total meals prepared3,492,183

Midlands Center was billed for meals, fruit juices and miscellaneous items in the amount of \$428,627.94

Midlands Center was billed for milk in the amount of \$37,629.79

FARM DIVISION & GROUNDS MAINTENANCE

The Farm Department has two Divisions: General Farm and Poultry Plant. Activities at the Farm are maintained for treatment purposes for those patients who it is felt may benefit from such activities and responsibilities. In addition, the farm provides healthful fresh food products, such as bell peppers, cantaloupes, squash, tomatoes, grapes, sweet potatoes, watermelons, turnip greens, cucumbers, and eggs.

The Therapy Work Program for patients gave an average of twelve patients the opportunity to learn about planting and harvesting summer and winter truck crops. This group was instrumental in setting out tomato and sweet potato plants. Under the supervision of employees, they learn the proper way to plant, harvest, clean and pack fresh vegetables.

The Poultry Plant work group is divided into two groups. One group is responsible for collecting eggs each day from five laying houses. The second group is responsible for feeding and watering each flock of layers.

All commodities produced by the Farm are utilized by the Food Services Division.

The continual care of the grounds by the Grounds Maintenance Branch has created at Crafts-Farrow a park-like atmosphere in which we can all take pride. In addition to routine maintenance (mowing, clipping, fertilizing, watering, etc.), this Branch handles planting of shrubs and flowers purchased by or given to the Hospital by various volunteers.

Under the supervision of employees, an average of ten patients were given basic training in all types of yard maintenance. They help maintain the beautification of the hospital campus by making seasonal flower beds and setting out new shrubbery as needed. The work group helps with a large field of seasonal cut flowers, which are grown and furnished to the wards and chapel at Crafts-Farrow State Hospital.

The maintenance of the two Departmental recreational areas, Killian Lake and Moore's Pond, is provided by Grounds Maintenance. Activities of fishing, hiking and picnicking are available and utilized by patient groups.

HOUSEKEEPING DIVISION

A continuing program of training has been pursued during the past year in order to further upgrade the potential of housekeeping personnel. This is being accomplished by on-the-job training programs as well as formalized training for selected first-line supervisors.

No additional spaces have been added to the Housekeeping Division since last report. There are still some areas that do not have housekeeping service that could use it, but staffing is not sufficient to provide this coverage. As money permits, it is hoped that we will be able to provide custodial services to every building on campus.

ADMISSION-EXIT SERVICE

There has been a continued upgrading of physician coverage in the Admission-Exit Service during the Fiscal Year 1974-75. The full-time physician staff on Admission-Exit has been increased from three to four, and, although the number of physicians working on both Admission-Exit and Resident-Care Services has remained at nine, their case load in Resident-Care Service has been decreased with more time remaining for Admission-Exit duties.

On June 30, 1975, the HIP II Grant Program for certain newly admitted patients expired. However, the treatment concepts utilized in this program will be expanded to include all patients in the Admissions Building.

HIP I

The concept under which the Hospital Improvement Program I operates is to provide a therapeutically designed system for the long-term resident to be resocialized, remotivated, and returned to the community. All patients selected for this program are placed in direct therapeutic activity with efforts directed toward modification of the patients' chronic behavior patterns; toward re-establishing their interest in life; toward a development toward their satisfactory interpersonal relationships with people inside and/or outside of this system; and toward the maintenance of constant communication with their families and community systems.

It is believed that this program's personnel, directly and indirectly assigned, are learning and experiencing new innovative approaches to the treatment of mentally ill patients. The program continues to become complex in that human beings and their life situations are complex. It is documented that a number of patients have and are responding to HIP I's approach to treatment. Their behaviors seem

to modify somewhat by their mere presence in Building 7's milieu. Many have returned to their respective communities or to neighborhoods in Columbia, S. C. area and have managed to remain there. The program will continue to evaluate, re-evaluate, modify and change patterns of treatment as patients need change.

Average patient population for this fiscal year was 57; 26 new patients were admitted to the program during the year; 23 were discharged.

HIP II

In its third year of operation, the Hospital Improvement Program II had limited numbers of patients, caused in part by the new Admissions procedures which began January 1, 1975 and which resulted in lack of sufficient in-hospital time for many patients to take advantage of the HIP II program as it had been set up. As a result, when the program failed to receive approval for further Federal funds, the entire structure changed and the HIP II program as a separate entity ceased to exist June 30, 1975.

During the fiscal year, however, there were 148 new patients admitted to the program, 138 discharged, and 28 transferred to other wards in the hospital.

Plans are well under way for a re-alignment of the HIP II guidelines to include the entire building (3 wards) in an Admission-Exit Program.

OPERATION/EXIT PROGRAM

BUILDING 3

Since its inception in April of 1974, there have been approximately 180 chronic "institutionalized" psychiatric patients involved in the Operation/Exit Program. Seventy-eight of these have returned to the community as of July 1, 1975. The primary objectives of the Program are to facilitate the patient's return to the community which relates to any inter/intra resource capable of providing instrumental support of patient situations (half-way house, boarding homes, intermediate care facilities, home and HIP #I). Activities designed are to improve patients' work habits, attitudes, family involvement, self-concept and their desire to want to help themselves. The primary goal is for the patient to achieve personal independence to the degree possible.

There has been considerable change in staff attitudes and behavior as the program has evolved. Through continuous evaluation and redefinition of goals, objectives, plans, and endless treatment team

meetings, the staff members have been able to adapt to the needs of the patients and have developed an awareness of situations, a sense of participation and involvement and an overall positive attitude toward planning and implementing effective patient care. The treatment team approach demonstrated here is one in which the patient himself takes an active part in deciding which way he will go and accepts definite commitments.

The program presently houses a total bed allotment of 58, in a two-ward arrangement. Patients are moved through three levels of achievement and, from the third, may be discharged or transferred to the HIP I program.

In January of 1975, the Operation/Exit Program became a Pilot Project on Problem-Oriented Records. The former record-keeping system has been changed to the Problem-Oriented Records which has lent itself to the Program's goals and objectives. Included in the Problem-Oriented Records are the Data Base, Problem List, Objectives and Plans, Interdisciplinary Notes and Summaries.

The Problem-Oriented Record is a comprehensive health record of a patient; it includes an ongoing report of every service which the patient is receiving. The main feature of the Problem-Oriented Record is the Problem List which serves as the key or index to the Record, detailing the health problems of a patient. The Problem-Oriented Record always reflects the current status of a patient and provides better care for the patient as all information necessary for planning programs is present. Updated revisions for plans and outcomes as well as new problems are dealt with on monthly treatment team meetings for individual patients.

MENTAL RETARDATION PROGRAM

"Project Independence"

A Program designed to de-institutionalize and rehabilitate the mentally retarded residents at Crafts-Farrow State Hospital was started on August 1, 1974. Crafts-Farrow State Hospital has approximately 350 residents with the primary diagnosis of Mental Retardation. These residents have been hospitalized for many years, some as long as twenty to thirty years, without an effective treatment and training program.

The hospital director, realizing the need for such a program, started recruiting personnel and making a building available for it in August, 1974.

The ultimate aim of the Program was to facilitate the return of these residents to the community. This was accomplished by foster-

ing those behaviors that maximize the human qualities of the resident and enhancing his ability to cope with his environment. Basic training programs in toilet training, bathing, dressing, brushing teeth, using silverware, play and activity therapy sessions, music, games, parties, movies, dances, and other programs were instituted. A special education teacher established a class in reading, writing, basic number concepts, and other habits of daily living. Behavior modification was used throughout the Program with individual and group sessions and a Token Economy System was instituted with excellent results. An activity therapy workshop was established which served to further improve their basic skills and responsibilities, teach them good work habits, and improve their finger and hand dexterity. Speech therapy has been started with a recent appointment of a qualified speech therapist.

The Social Service Department conducted a survey of all the residents and collected numerous data as well as revived family and community interest in these residents. Effective communications with their relatives and kin and between the hospital and available community resources was established.

Seventy male residents were screened from among the entire group of male retardates and placed in "Project Independence". However, since Building 8 had an original patient population of 150 patients, some thirty five patients with diagnoses other than Mental Retardation could not be moved out for want of bed space, so these residents were also included in the Program. Presently all but eight of the original thirty five have been discharged, rehabilitated, or transferred to other buildings within the hospital, thus making available a ward for female retardates which will be included in the Program, as originally planned.

Out of the entire number of residents included in "Project Independence", twenty nine residents have been de-institutionalized. Seventeen residents have been accepted by their family members; eight were accepted by intermediate care facilities, one went to an opportunity school for the deaf and dumb to learn a specialized trade; three court-committed residents have improved to a point where they could participate in their own defense and thus were returned to Court.

Two residents were unable to adjust to outside living and had to be readmitted to the Program, but they have since improved and have been reaccepted by their families.

New residents are added or accepted to the Program as soon as one is discharged in order to keep the number at seventy males. Present screening for thirty females to be included in "Project Independence" is currently in progress.

RESIDENT CARE SERVICE

The basic function of the Resident Care Service continues to be the provision of a wide range of coordinated active treatment programs for a large group of resident patients which includes geriatric, chronic, mentally ill and mentally retarded individuals. This group is composed of a large majority of the patients under treatment at this hospital, 1390 at end of the fiscal year 1974-75, many of whom have been hospitalized for long periods of time. As a result of the complete reorganization of the Department of Professional Service two years ago (1973), special therapeutic programs tailored to meet the special needs of the individual patient of each of these categories were established and with the evaluation of their effectiveness during this period of time improved and expanded. As far as possible with our overcrowded facilities, separate buildings are utilized for each category. Doctors, nurses, social workers, psychologists and other mental health professionals are permanently assigned to each building in order to assure a smooth and uninterrupted continuum of care. This has been made possible by active recruitment of a greatly increased number of employees at all levels of professional care.

The expanded Social Service Department has provided closer contact with families and community facilities as well as with suitable and approved nursing care facilities with a resulting increase in the number of patients discharged during the fiscal year 1974-75. A social worker was added to provide constant personal contact with all approved intermediate care nursing facilities, boarding homes and other alternate care facilities throughout the state. This has been of great assistance in our having access to a current list of vacancies in the above-mentioned alternate facilities in order that these vacancies can be utilized immediately. Every effort is made to ensure that these facilities are suitable to the individual needs of the patient and that the patients are carefully selected to adequately meet the behavior patterns necessary for an adequate and successful adjustment to the particular requirements of a reasonable and satisfactory adaptation to that particular placement. Where it is possible every effort is made to place them in approved facilities as close to their home communities and families as possible. Prior to their placement, the plans are discussed with the patients' immediate families.

In addition to the expansion of the Social Service Department, there has been an increase in number of physicians, psychologists and ward treatment specialists during the present fiscal year. The increase in professional resources during the past year has resulted in a definite increase in the utilization of all approved alternate facilities as well as an increased degree of overall effective adjustment of those

patients placed in these facilities and consequently a very marked decrease in their readmission rate to this hospital.

MEDICAL-SURGICAL SERVICE

The Medical-Surgical Service has been operating in essentially the same manner as in previous years. The two wards in Building 16 were assigned to the Medical-Surgical Service for supervision of long term physically ill patients who are not likely to improve to a status where they could be discharged from the hospital. One additional physician has been hired for this Service, giving a total of 6 physicians for 7 wards.

The cases admitted to McLendon Clinical Center are of the broad category of aged, chronically ill, psychotic patients. It has been observed that a significant number of patients has been admitted as psychotic patients who were suffering from mental changes incident with acute physical conditions for which they were primarily admitted to local general hospitals. Following the policy of complete laboratory profile, x-ray and EKG studies of all admissions, physical illnesses were exposed which resulted in a much earlier transfer of mental patients with physical ailments to McLendon Clinical Center.

The establishment of a broad spectrum of procedures for all McLendon Clinical Center admissions as well as Crafts-Farrow State Hospital admissions has somewhat increased the total laboratory work load, but it has improved patient care in that better and timely studies are done resulting in improved diagnosis.

The total number of patients in Building 14 and 16 has been reduced. Cubical walls have been placed so as to break large rooms into two and four bed areas with additional locker and living space provided. The bed status is as follows:

McLendon Clinical Center	149
Building 14	79
Building 16	120

Radiology

The work load for the Radiology and EKG Section has shown a considerable increase. The amount of exposures for the Radiology Section was 11,000 which was unchanged from the previous year. However, the EKG work load has shown an appreciable increase. We did 1,143 EKG tracings this year as compared to 764 the previous year. This increase is due in part to the fact that in March we started doing a routine EKG on all patients admitted to this institution.

Pitts Radiological Associates, consisting of six certified radiologists, continue to provide excellent coverage for this hospital. The department is staffed by three registered technologists.

The equipment in both X-Ray and EKG remains in excellent condition. A new Image Intensifier for fluoroscopy has been purchased at a cost of \$7,636.00. Installation is expected to start July 19, 1975, and will be completed in three days. The present Image Intensifier exceeded its normal life expectancy by three years. Routine maintenance cost \$3,635.64 for the X-Ray units. EKG maintenance was \$153.43.

There was \$8,573.60 spent on expendable supplies for X-Ray and \$217.60 for EKG supplies.

Clinical Laboratory

The Laboratory staff consists of one Laboratory Specialist, two Technicians and one Assistant.

The total number of tests or examinations for this fiscal year exceeds 90,000 which is an approximate work load increase of 15%. This present rate of increase will result in exceeding well over 120,000 laboratory determinations per year. An additional increase in work load is expected when the Alcohol and Drug Addiction Center moves into its new 187 bed facility. Presently the Laboratory is averaging over 1,000 tests per month for the 50 bed Alcohol and Drug Addiction Center and with the opening of 187 beds, it is expected that the number of laboratory tests will triple. This will show a projected total of laboratory tests of approximately 140,000 per year.

In February of 1975, a "Basic Laboratory Profile" was established for *all* admissions to Crafts-Farrow State Hospital and upon admission the McLendon Clinical Center. The newly established profile consists of:

1. CBC (Complete Blood Count)
2. Urinalysis (9 Bio-Chemical tests and microscopic examination)
3. Chemistry Profile (includes: Glucose, Urea Nitrogen, Cholesterol, Total Protein, Albumin, Globulin, A/G Ratio, Alkaline Phosphatase, SGO-T, LDH, HBD, Sodium, SGP-T, Potassium, Chloride, CO₂, and Total Bilirubin)
4. VDRL (Syphilis serological test)
5. Pap smears on all females
6. Additional tests are performed if indicated by the admitting physician.

The acquisition of the new Beckman Analyzers has made this profile possible and at less expense than in the past. We feel that this new "Admission Profile" is a big step in the direction of better service for diagnostic and therapeutic care of our patients.

Several new laboratory procedures have been added during this fiscal year which has increased the laboratory's capacity and offers

more diagnostic help to the physician. These new procedures available are:

1. Creatine Phosphokinase (CPK)
2. Hydroxybutyric Dehydrogenase (HBD)
3. Triglycerides
4. Prostatic Acid Phosphatase
5. Streptozyme

During this past fiscal year, each laboratory employee has attended at least one continuing-educational seminar/workshop to help them keep abreast of the latest techniques and procedures in the field of Medical Technology.

Dental Department:

The work load for the Dental Section is changing in accordance with changes in age and type of patients being treated, along with a change of philosophy in diagnosis and treatment planning. Dental examinations are no longer accomplished at 6 month intervals on all patients. A new patient recall system is presently being established, whereas the patients' files are catalogued for recall as deemed necessary by the dentist. The interval of time between examinations will vary according to the individual patient's needs, not to exceed one calendar year. This is reflected in the drop in number of patients and examinations reported, and the increase in definitive treatments, such as restorations, and prosthetic appliances.

The present equipment is old, but adequately maintained at the present time. More new equipment, particularly for the patient's comfort and well being, should be planned for the future.

Training sessions in preventive dentistry are provided by the Dental Staff for nursing staff and patients.

The Staff at present consists of one full-time dentist, one half-time dentist and one dental assistant. A dental hygienist is needed.

Physical Therapy Clinic

For the past year the Physical Therapy Clinic has continued to provide therapeutic treatments for the rehabilitation of patients and employees of the Crafts-Farrow State Hospital as prescribed by a physician.

A Restorator, rehabilitation equipment, was purchased to replace a worn-out Restorator.

ACTIVITY THERAPIES SERVICE

This Service continued providing a wide variety of activities for patients in the fields of Music, Recreation, Occupational, and Library activities. An important change this year, which was an indirect

result of the new laws concerning paying working patients, was that patients who prepare salable articles now receive full direct payment for them when sold.

New activities available this year included those provided by a Ward Recreation Therapist whose primary responsibility is to provide recreational activities of a therapeutic nature on several wards to patients who heretofore have been unable to take part in such activities since these were held in the central auditorium. As a result of the effectiveness of this addition, one more such position is being requested for next year.

The Patient Shopping Service was instituted this year. Through the effort of the two personnel assigned to this function, Social Security funds are utilized to purchase personal items for patients who, through physical inability, are unable to shop for themselves. In this way, many ward-bound patients have been able to obtain items which they need or want; others, who can leave the grounds, are able to take shopping trips with these two staff members.

The Library staff has added travelogues to their ward visits, by use of the new cassette recorder. This staff continues to offer worthwhile programs for the blind and deaf patients. A new film discussion group using films supplied by the University of South Carolina was inaugurated and proved to be quite successful in stimulating the patients to discuss and to verbalize after the showing. Many valuable additions have been made to the professional library through the use of monies obtained for the Nicholas F. Atria Fund which was established this year in tribute to the former Chief of Medical-Surgical staff, Dr. Atria, who died on January 31, 1975.

The musically inclined and musically stimulated patients participated in a variety of musical therapy activities. Emphasis was placed on the ward visits using music as a stimulus with the view of encouraging as many patients as possible to participate. A regular training program of choir members and church related activities was carried out. In addition to off-campus concert commitments with the choir, the Music Therapy Section in collaboration with Library Therapy personnel planned, rehearsed and performed a variety of skits, plays, concerts, and talent shows in which an opportunity for the patients was provided for them to perform and receive some sort of recognition for their endeavors. Religious and patriotic holidays were celebrated by special programs by and for the patients.

It should be mentioned that a definite need for additional staff in the activities fields is well recognized; but that lack of funds to provide salaries and office space for such additional staff members precludes the possibility of hiring them at present.

CHAPLAINCY SERVICE

Pastoral services were provided by the staff of chaplains: three full-time; one part-time; one Roman Catholic, part-time; and three pastoral care chaplains in the following areas: interviews, brief but helpful visits, group sessions, and worship services.

The teaching ministry of the hospital included lectures to nursing staff, seminars for summer students from S. C. State Hospital and Hall Institute were conducted by the chaplains as well as supervision on ward visits in the hospital.

A workshop for community clergy was conducted in January. The title of the workshop was "Meeting the Needs of the Institutionalized Elderly". More than 200 community clergy participated. Small groups of community clergy and other citizens were given tours on several occasions during the year.

NURSING SERVICE

The past year has been a time of growth and increased activity for personnel and patients at Crafts-Farrow State Hospital.

Nursing Staff reached the following levels in each classification:

<i>Classification</i>	<i>Number</i>
Registered Nurses	56 (with 18 new RN's hired)
Program Nurse Specialist	1 (Hired on April 1, 1975)
Undergraduate Nurse Trainees	6
Nursing Unit Supervisor	1
LPN's	30 (with 5 new LPN's hired)
Ward Treatment Specialists	17 (with 10 WTS's hired)
Mental Health Assistants	8
Mental Health Technicians	170
Nursing Assistants (MHS's)	508
Cosmetologists	9
Barbers	9
Clerk Typists	6
Clerks	22

All nursing policies and procedures were reviewed and/or revised by a committee established for this purpose.

With the increase in numbers of personnel, there is increased importance for educational opportunities for these personnel. In addition to those programs offered by Nursing Education, Nursing Service has made possible the following educational programs and workshops for nursing personnel during the past year:

Intravenous fluid therapy course for registered nurse personnel
Venipuncture technique course for licensed practical nurse personnel

Precautions to take in hot weather for patients taking tranquilizing and anti-Parkinsonism drugs

Film and discussion on organic brain syndrome

Film and discussion on recognition and care of the patient with depression

One-to-one teaching of Mental Health Specialist on the use of the "H-Set" to elicit speech from the "mute" patient — with subsequent success

(Education and Service) Product evaluation, by comparative studies of two products for patient skin care and deodorizing effects on two similar wards

Many workshops were attended by various nursing personnel.

Educational opportunities offered to nursing personnel through the Departmental Stipend Program resulted in one employee's having been enrolled in the B.S.N. program and three employees' having been in the A.D. program during the past year.

The increased number of Ward Treatment Specialists on the Nursing Staff has resulted in more psychosocial and therapeutic group activities for patients. All levels of nursing personnel have become more actively involved in group therapies and recreational activities.

With the increased number of personnel in Nursing Service, the updating of policies and procedures, the increased number and diversity of continuing education offerings for nursing personnel, and the determination of Nursing Administration and professional nurses, the aim of Nursing Service continues to be to provide safe, humane, professional, therapeutic care for those citizens of South Carolina entrusted to the care of nurses at Crafts-Farrow State Hospital.

NURSING EDUCATION SECTION

During the fiscal year '74-'75 there were 269 mental health specialist trainees who began the Basic Course for Mental Health Specialists. Fifteen students completed a course for Ward Treatment Specialists. The latter employees are involved in working with the team members in fourteen buildings in planning and providing group therapy activities. Twenty-one nurses completed the course in geropsychiatric nursing thus implementing and/or reinforcing the group nursing approach in the care of aged patients. Also twenty-four students completed the course for Mental Health Specialists IIs. These courses for WTS, RNs and LPNs, and MHS IIs increase the number of nursing personnel with advanced training.

Thirty-six newly employed nurses, RNs and LPNs, were oriented to Nursing Education and the hospital facilities. The Hospital Staff

Development Grant in Motivational Therapy was awarded by HEW for fiscal year 1975-1976. Training for implementing this program has been completed on two buildings for personnel working days, evenings, and nights. Also these planned training sessions have been started on a third building with weekly follow-up being continued on the other two buildings.

A major project, revision of the Basic Course for Mental Health Specialists Trainees, was completed. This revised course will facilitate the training of these new employees in a shorter length of time.

Each staff member had the opportunity to participate in various continuing education offerings at institutions and agencies within and outside South Carolina.

PERSONNEL SERVICES AND EMPLOYEE RELATIONS

During its third year of operation, this office continued general counseling of employees with problems of all types; aiding in completion of paperwork pertaining to membership in State or Departmental organizations, benefits, or plans; handling of employee grievances; aiding supervisors with interpreting Departmental policies; and in general offering assistance to employees whenever needed. Involvement of this office in publication of the Facility Newsletter as well as other informational media (such as Weekly Bulletin, The Report, and compilation of the Department's Annual Report) is also of major importance. Various drives have also been handled out of this office (United Way, Heart Fund, Bloodmobile, Cancer, Easter Seal, Savings Bonds, Mid-Carolina Mental Health Association Membership drives and SCSEA membership drives). The facility orientation class for new employees gives new staff members information pertaining to their benefits, the hospital structure in general, understanding of their pay check stubs, a discussion of the performance evaluation and probationary period, and general knowledge of where to go to get answers to their questions as they might arise. Close contact with all Department and Service Heads is maintained in order to help ascertain personnel requirements and locate areas where reclassification may be feasible. Other activities included working toward implementation of equal employment practices within the Facility, and coordinating Adult Education Classes for employees, and collecting material for a hospital brochure.

PHARMACY SERVICE

The total number of prescriptions filled at Crafts-Farrow State Hospital Pharmacy during the fiscal year 1974-75 was 64,454. There

was an increase of 27.7% in employees' prescriptions filled over those filled in 1973-74.

For better drug accountability, there was an increase of 32% in the number of individual patient prescriptions. (We had a lesser number of bulk ward orders dispensed.)

Cash receipts amounting to \$364.94 were collected for prescriptions for discharged patients that are to be followed-up at after-care or mental health clinics. A decline in number of these prescriptions is due to the fact that many of Crafts-Farrow State Hospital patients being discharged are being sent to nursing homes.

The Alcohol and Drug Addiction Center was issued 1,282 prescriptions during the fiscal year 1974-75.

Midland Retardation Center continues to obtain a few drugs from Crafts-Farrow State Hospital Pharmacy.

The installation of new working counters, shelves, and cabinets was completed in January, 1975. This has been an aid in the efficiency of pharmacists in the filling of prescriptions.

A computer terminal was installed in the Pharmacy on June 2, 1975. It will be used in a Pilot Program for computerized drug ordering.

Other activities of Pharmacy personnel included checking wards monthly for over or under stocking, advising ward personnel concerning drug orders, checking and re-stocking emergency kits, and participating in treatment team meetings and other hospital committees.

PSYCHOLOGY SERVICE

The Psychology Department is comprised of nine staff members. Due to increasing demands for services, two more positions are being requested.

Increased testing demands within the hospital have resulted in testing of a total of 349 patients (2½ times the number tested the previous year). Another 200 patients were surveyed for eligibility for a new mental retardation program. Test reports embraced pertinent findings as well as recommendations for psychological treatment plans.

In cooperation with other disciplines, the staff assisted in the treatment of personality and behavior disorders by providing individual therapy for 879 patients. A preponderance of these patients attended 366 group therapy sessions led by members of the psychological staff. The focus was on developing rewarding interpersonal relationships among ward residents.

Training programs expanded for other disciplines. New nursing

personnel received orientation lectures from psychological services. The content covered an introduction to psychology and a review of mental illness in a geriatric institution. The department assisted in training new volunteers to serve in various capacities of patient care. Opportunities for practicum training in psychological testing and in counseling were available to students at the University of South Carolina and at Midlands College.

The department has continued to support the two hospital improvement programs. It helped to establish "Project Independence", a new concept in the rehabilitation of the mentally handicapped. More recently, the staff contributed to the organization of an early treatment program in the Admissions Building.

Psychologists have assisted in the development, provision, and evaluation of other programs and services to meet the needs of the patients and of the community served by the hospital. The department shared planning of environmental design and administration which are related to patient care and welfare. Psychological services provided consultation and education to organizations, groups, institutions, and to communities. Family counseling was conducted with patients and their families.

The department provided services for the development and evaluation of hospital programs. During this fiscal year, a training program was developed for new staff members who lacked experience. They were given six months of training in psychological testing, therapy, family counseling, communication skills and community relations.

An improved staff development program gave prominence to education and training. Educational resources from both inside and outside the facility were utilized for effective training.

Psychological reports were revised to include a treatment plan. The plan was coordinated with the patient's total treatment and outlined what psychological services were needed and how they could be achieved. It conveyed pertinent information to all clinical personnel involved with the patient.

SOCIAL SERVICE DEPARTMENT

There was no change in Social Service staffing procedures, services and objectives. However, in keeping with the mission of the hospital, the performance and quality of services provided by the Social Service Department were re-evaluated in an effort to upgrade existing services and to acquaint staff, patients and families with expanding services as well as new services. Upgrading of services

placed more emphasis on Pre-release, Alternate Care and Aftercare Planning. This new emphasis has required that social workers become more intensively involved in keeping family and community ties alive, and the utilization of available community resources. This involvement has provided current progress reports which indicate family situation, interest and future discharge plans.

Referrals made to community agencies increased by almost 70% over the preceding fiscal year. Notable in these figures are referrals to nursing homes, 312 (237 previous year); to mental health centers, 912 (362 previous year); and to aftercare centers, 401 (210 previous year).

VOCATIONAL REHABILITATION DEPARTMENT

The Vocational Rehabilitation Department continued its efforts in the field of placing patients in job situations in the local community. A great number of these patients were able to move out of the hospital into living quarters in the area, while others continued to live in the hospital and commute to their jobs each day.

A total of 1,380 patients were involved in various work therapy and personal and social adjustment training areas under the supervision of the Vocational Rehabilitation Department.

The Rehabilitation Workshop Facility on Green Street was again utilized, with five men and three women receiving training and evaluation at that location. After receiving training ten patients were placed on regular paying jobs within the hospital. These patients were placed in Supply & Service, Housekeeping, Food Service and Nursing Service, as regular employees.

Since implementation of the new Patient-Pay Program, many patients are employed and paid according to their ability to perform their job requirements. The new program seems to have given new life and motivation for patients to perform in these work therapy programs. Patients have been placed in a wide range of activities, such as farm work, ward work, kitchen and dining room work and as messengers. The Rehabilitation Assistants constantly attempt to stimulate more patients to become involved in rehabilitation activities.

A total of 149 patients were involved in the Home Economics Department where much of their training was in home-related tasks. The emphasis was again on evaluation, training and renewal of previous vocational skills in homemaking, as well as in training for and renewing skills for jobs in the domestic field. Courses were given on nutrition, marketing, personal grooming, hygiene, sewing and general home-related tasks. The Department also assisted with refreshments for patient parties.

A total of 103 patients received evaluation and training in the use of basic tools, small machine tools, general woodworking, electrical repair, painting, wood finishing, yard and shop maintenance, and simple home repair, through the Vocational Rehabilitation Training and Evaluation Workshop.

The Rehabilitation Department in cooperation with Columbia School District No. 1 again offered Adult Education Classes. A total of 40 patients availed themselves of this opportunity. Of this number, some entered the classes for the first time, while others continued their education from the previous year.

During this year the Vocational Rehabilitation Department has initiated a program for deaf patients at Crafts-Farrow State Hospital. A class to teach deaf patients met daily for four months with the result that one "lost" patient diagnosed mentally retarded is now attending the Opportunity School and another may soon follow. Another client who was badly withdrawn, deaf and unwilling to talk for a period of three years, is now fitted with a hearing aid, is quite verbal, enthusiastically sociable and is holding down a part-time job successfully.

The Vocational Rehabilitation Department is currently conducting a manual communications class for employees of the Crafts-Farrow State Hospital with the goal of discovering other deaf patients and helping them.

VOLUNTEER SERVICES

Special emphasis on Crafts-Farrow State Hospital by S. C. Mental Health Association, assistance from Local Voluntary Action Center, publicity by news media, TV, and organization newsletters, helped provide a marked increase in services by volunteers.

Improvement in patient living, dining, and visiting areas was a major project. Goals included procuring and hanging pictures and curtains; also, providing green plants and other items to make areas more attractive and home-like. Volunteers assisted in many ways — buying or making curtains, bed caddies, chair cushions, flower arrangements; and donating pictures, green plants, and cash gifts designated for environmental improvement.

More than 30 individual volunteers gave approximately 1,175 hours serving in the Clothing Shop; sorting clothes; acting as volunteer bus drivers; working on patient monthly newspaper; assisting in craftrooms; providing music therapy; acting "one-to-one" friends to patients; escorting patients into the community, and filling assorted assignments to meet special needs. Thirty-seven church groups, thirteen garden, civic, and community club groups rendered service. Ten Mental Health Association Chapters continued

"Adopt-A-Ward" Programs. Other chapters and volunteers furnished gifts at Christmas and during the year. Volunteer entertainment programs included Carolina Clowns, Elderly Repertory Actors, musical and variety programs by bands, choruses, and other groups.

In observance of Mental Health Month, Volunteer Services arranged public tours and sponsored a reception honoring Mrs. James B. Edwards, Honorary Chairman for Mental Health Month; and Mrs. Alice Shaw, Honorary Mental Health Association Membership Chairman; local volunteers; and representatives from Mental Health Association Chapters throughout the state.

The newly established S. C. Office of Volunteer Services began service to state agency coordinators offering workshops, newsletters, bi-monthly meetings, library service, and other resources. Central S. C. Coordinators of Volunteers continued monthly meetings with programs designed for continuing education in the field of volunteerism.

WILLIAM S. HALL PSYCHIATRIC INSTITUTE

DIRECTOR'S REPORT

Fiscal Year 1974-75 was the tenth year since the establishment of the William S. Hall Psychiatric Institute as the education and research facility of the South Carolina Department of Mental Health. It has been a dynamic decade with many successes and few disappointments. Fully accredited educational programs are operational in all mental health disciplines, and members of the staff are making significant contributions to scientific programs and literature. Two research laboratories (genetics and histochemistry) are fully operational. Our chief psychiatric resident, Dr. Everett C. Simmons, who had been selected as a Falk Fellow and invited to attend the Annual Meeting of The American College of Psychiatrists, was selected as one of two residents from throughout the country to plan and participate in a program sponsored by the American Psychiatric Association to plan psychiatric training for the next ten years.

Although our primary purpose does not include service to individual patients, quality patient care is an essential part of any clinical teaching program. During this fiscal year, 692 patients were treated as inpatients for a total of 34,957 patient days; and more than 8,700 outpatient visits were recorded.

In a spirit of interagency cooperation toward the best possible patient care, the University of South Carolina moved their Speech and Hearing Clinic to one of the cottages of the Institute. The clinic is well equipped and staffed. It offers clinical experience to University students and services to patients including those who are treatment at the Institute. It is particularly complementary to our child and adolescent programs.

With the joint appointment in June, 1974, of the current director as Director of the Institute (Department of Mental Health) and Chairman of the Department of Neuropsychiatry and Behavioral Science (School of Medicine of the University of South Carolina), it is anticipated that a close working relationship will evolve between the Institute and the University School of Medicine.

February, 1975, was designated as Courtesy Month to focus attention upon the importance of contacts between people (staff and patients). The winning slogan, "Courtesy is showing a little kindness", earned its author (Miss Meryl Davis) a \$25 United States Saving Bond.

DEPARTMENT OF TRAINING AND RESEARCH

General Psychiatry Residency Training Program

During the year, six residents began their first year of training and a former resident returned for his second year bringing the total number of physicians in the General Psychiatry Program to nineteen. Eight physicians completed their training, four of whom accepted positions with the South Carolina Department of Mental Health.

A comprehensive review, re-evaluation and reformulation of the residency program was initiated during the year resulting in a fresh perspective of its mission and focused on the desirability of some major changes which are now being implemented. In meeting the residents' training needs for emergency experience; consultation liaison experience; and interface with medical, surgical, private psychiatric and primary medical care personnel, a rotation has been established at Richland Memorial Hospital in order that senior residents preparing to leave the program and pursue their practice are able to integrate and employ the knowledge and skills acquired in their training in a supervised experience.

During the year, one family practice resident from the Richland Memorial Hospital served a psychiatric rotation at the Institute. Several medical students from the Medical University of South Carolina, the Medical College of Georgia, and the University of Kentucky College of Medicine completed psychiatric electives. Medical Students from the United States and abroad also completed

medical externship training during the summer months. The program continued to sponsor and conduct one-day visits to Columbia by junior and senior medical students of the Medical University of South Carolina during which they were given an overview of the services and facilities of the South Carolina Department of Mental Health, with an orientation to the new Mental Health Code. A two-day orientation program was conducted for residents of the Family Practice Program of the Medical University of South Carolina and a one-day program for Medex trainees from the Medical University of South Carolina.

A federal grant in the amount of \$44,598 was awarded the Institute for the general psychiatry residency program during the year.

Continuing Education Program

A symposium entitled "Incompatibility of Medication" was held in October, 1974, at the Institute. The purpose of the symposium was to alert physicians to the interaction of medications frequently prescribed by the family practitioner. All physicians attending received a certificate of six hours AAFP credit. Financial support for the program was received from several pharmaceutical companies.

The Institute again sponsored a symposium at Hilton Head Island in April, 1975. This annual program was given the name, "The Saul Alexander Foundation Symposium in Behavioral Medicine," in order to make the program unique in the minds of the physicians who attend. This year's topic was "Families in Crises".

The Continuing Education Program also offered three three-day intensive programs for physicians: "Basic Psychiatry", "Clinical Syndromes in Psychiatry", and "The Psychiatric Examination".

Child Psychiatry Fellowship Program

During the year, five physicians trained in the Child Psychiatry Fellowship Program. Two of the fellows completed their training at year's end, and both remained in South Carolina; one became Unit Director of the Children's Unit at South Carolina State Hospital, and one relocated to the Fort Mill area, and a third fellow was named to participate in the APA's Falk Fellowship Program.

A total of eleven papers were published or submitted during the year. Research was conducted in the area of training program evaluation, educational assessment, and adult psychopathology.

Clinical Psychology Internship Program

Psychology continued its APA-approved training program with five interns completing training in September, 1974, and five additional interns beginning at this time. One of the graduated interns joined the staff of the Columbia Area Mental Health Center. Another

intern won an AAPSC National second prize for his project, "Establishment of a half-way house program for adolescents in Columbia, South Carolina — Midland's Youth Home, Incorporated". Psychology continued its active support of the various teaching programs throughout the Institute.

An NIMH training grant was reapproved for an additional two years in the amount of \$8,169.

Nursing Education Program

A total of 54 nursing students received training in this program which offers a three-month affiliation in psychiatric nursing to both diploma and associate degree nursing students. Nursing Education staff participated in inservice and continuing education programs during the year and had two papers accepted for publication. The program director has been nominated for national office in the American Nurses Association.

Pastoral Education Program

There were 269 community clergy, undergraduate students, and seminary students who participated in the full-time, part-time, and continuing education programs of Pastoral Education Service during the 1974-75 fiscal year. Three out of four of the chaplain residents who completed their clinical pastoral residency year in August, 1974, assumed positions as pastoral coordinators in community mental health centers or clinics in South Carolina. Since the inception of the clinical pastoral residency year program at the Hall Institute in 1967, sixty-two percent of the graduates have remained in South Carolina.

The *Continuing Education Series for Community Clergy* which began in 1971, by Pastoral Education Service, has provided nineteen different programs with a total of 762 clergy and other pastoral workers participating in the programs. The endeavor to provide continuing education opportunities by Pastoral Education Service has been enhanced profoundly by a six-person advisory and planning committee composed of community clergy from various geographical areas of the state.

Pastoral Education Service offered its fourth annual "Theology and Therapy" undergraduate clinical program at the Hall Institute for the month of January, 1975, to four pre-theological and pre-medical students from Wofford College.

Pastoral Education Service was site surveyed in a periodic accreditation review in March, 1975, by the Accreditation Committee, Southeast Region, Association for Clinical Pastoral Education, Incorporated. As a result of the survey, the ACPE House of Delegates voted favorably to continue the full accreditation of the clinical pastoral education programs at the Hall Institute.

Social Work Training Program

Social Service provides a field placement of nine months in length that provides experience for first and second year graduate students pursuing a master's degree in social work. A three-month summer program is also offered to students majoring in social work. A total of ten students were involved in these programs during fiscal year 1974-75. Staff also provided inservice training to personnel from nursing service, the Santee-Wateree Mental Health Center, the child psychiatry fellowship program and the general psychiatry residency program.

Recreational Therapy Internship Program

Nine students successfully completed their three-month internship program during the year. These students came from Clemson University, Virginia Commonwealth University, University of North Carolina, and the University of Connecticut. One graduate student from Clemson also completed a research project on leisure counseling.

Several staff members participated in a workshop held at the Institute. The workshop, held to encourage community recreation directors in the state to incorporate special populations into their community programs, was co-sponsored by the Institute; the South Carolina Parks, Recreation and Tourism Commission; and the Therapeutic Branch of the South Carolina Recreation and Park Society.

Occupational Therapy Internship Program

During the year, eight students from four universities completed the three-month training program at the Institute.

Music Therapy Internship Program

In February, 1975, a six-month clinical internship program in music therapy was accredited by the National Association for Music Therapy, Incorporated. Two interns will begin their training in July, 1975. Additional staff is being requested in order to expand the internship program in the coming year.

Vocational Rehabilitation Internship Program

The Rehabilitation Counseling Clinical Internship Program, reimplemented in January of 1974, has continued under the joint auspices of the Department of Mental Health and the South Carolina Vocational Rehabilitation Department. Five University of South Carolina graduate students participated in the program during the year.

Research entitled "Rehabilitation Services Through Contractual Agreement: Legal and Psychological Implications" is nearing completion, having been conducted by the Vocational Rehabilitation Department in conjunction with the University of South Carolina Law Center. The results of the study will be submitted to the *Journal of Applied Rehabilitation Counseling* for publication consideration in September, 1975, contingent upon approval by the Institute Research Committee.

Research

The staff of the Ensor Research Laboratory presented papers at several national and international meetings and published a total of eight papers during the year. Several medical externs were involved in research projects conducted by the Ensor Laboratory. This experience is designed to interest the student in pursuing a career in psychopharmacology, neurochemistry, or biological psychiatry. The Fourth Annual Research Symposium entitled "Biological Aspects of Schizophrenia" was sponsored by the Ensor Research Foundation in November, 1974, and was funded in part by several pharmaceutical companies.

The Genetics Laboratory, which was opened in November of 1973, has been steadily moving toward the goals of being a productive research facility, an effective teaching adjunct and a provider of genetic counseling services. Four scientific papers or abstracts were published in national or international journals. Chief, Genetics Laboratory, was elected to the Southern Society for Pediatric Research. Individual lectures or "short courses" in mental health genetics were presented at several universities, TEC centers, public service groups and on South Carolina ETV. Undergraduate students, interns and residents have started research or training projects in mental health genetics. Genetic evaluation of patients at each of the inpatient facilities and several community mental health centers have now been carried out. Antenatal diagnosis in genetic high risk cases have been successfully performed in cooperation with Richland Memorial Hospital.

Department of Clinical Services

A pharmacist joined the staff to add his professional knowledge to the treatment and training programs based in this department. In addition to clinical activities, the department participated in several noteworthy research programs.

General Psychiatry Service

The Inpatient Section continues to strive to offer the best training experience for residents, students, and trainees. We stress aiming

for the highest caliber of clinical medicine on each unit and continue to coordinate several active research projects that are approved and monitored closely. Future goals include emphasis on staff development, inservice education, and efficient use of psychiatric health resources. Retrospective studies by the Medical Audit Committee are helping to evaluate efficient methods of patient care in order to maintain the highest quality of psychiatric care on the Inpatient Section.

The Adult Outpatient Section continued to expand its activities due to the increased number of resident psychiatrists assigned to the program. With the addition of two staff psychiatrists at the end of the fiscal year, further program development and training has become a reality in the areas of community psychiatry as well as consultation and liaison services at Richland Memorial Hospital.

Child and Adolescent Psychiatry Service

A major new development on the Child and Adolescent Service was the establishment of a screening clinic. This enables the trainees to see acute or subacute crises interviewed in front of a one-way mirror by staff and trainees, following which a decision is made regarding further diagnosis and treatment. Interpretations of the findings are then made to the family. The child psychiatry fellows began conducting the weekly diagnostic case conference. A bimonthly evening literature seminar was established because of time limitations during the day.

Plans for the future include developing a pre-school program for disturbed children, enriching the second-year rotation for general psychiatry residents, and developing an audiovisual system for teaching purposes.

Neurology Service

Neurological consultation increased by 50 percent during the fiscal year, with significant increases in neurological and electroencephalographic services to inpatients and outpatients as well as increases in inpatients and outpatients treated.

Two of the teaching neurologists on the Institute staff successfully completed the first of two parts of the examination for certification in neurology by the American Board of Psychiatry and Neurology. Chief, Neurology Service, was elected a Fellow of the American Academy of Neurology and chosen to join the forty member Research Group on Huntington's Chorea of the World Federation of Neurology. Recognizing the potential dangers of further iron fortification of bread, the Commission of the Food and Drug Administration has refrained from pursuing their original proposal which the Chief,

Neurology Service, vigorously opposed on the basis of its subjecting older citizens to increased risks of Parkinson's disease.

The staff of the service conducted numerous teaching conferences and submitted ten scientific papers for publication during the year.

Psychology Service

Psychology continued its active support of the various treatment and teaching programs throughout the Institute. There were two staff resignations; but by year's end, one position was filled and the other had been accepted.

Psychology is conducting two inpatient groups and continues its individual therapy activities as well as psychological evaluations. In the Child Psychiatry Service, Psychology continues its work in the various service and training areas.

Social Work Service

Social Work Service continued to grow during the year. Hours of treatment provided by the service continued to increase, and training responsibilities were expanded.

The Child Psychiatry Therapeutic Group continues as an asset to our treatment program. This program is implemented under the aegis of the child psychiatry social workers.

Institute social workers also participated in a number of national, regional, state, and local professional education programs. There was one professional paper published during the year.

Vocational Rehabilitation Service

The Vocational Rehabilitation Service experienced no personnel turnover during the past fiscal year. Vocational evaluation, personal adjustment training, vocational training, counseling and guidance, placement in employment and financial assistance to aid in job stability are services provided to all sections of the Institute.

Adjunctive Therapy Service

New directors for both the Recreation Therapy Program and the Occupational Therapy Program were appointed during the year.

The Occupational Therapy Section had an 80% personnel turnover the last year. With a new director recruited, the program has taken new directions with many new programs being introduced.

In addition to the regular recreation therapy programs, several new programs were begun. A psychodrama program was initiated for the adult female units. Structured leisure counselling groups for the adults offer a new educational program for patients to learn more about themselves and their leisure behavior patterns. On the adolescent unit, a program modeled on Junior Achievement principles

was begun to encourage adolescents to work together as a group and to learn business principles.

Recreation Therapy took an active part in planning and carrying out the program for the Institute-sponsored therapeutic camp for the Child and Adolescent Service.

Nursing Service

Since the revision of the mental health laws, Nursing Service has had the additional responsibilities of transporting and escorting patients to hearings and examinations.

The number of nursing service employees remained fairly stable in positions occupied. New classifications allowed for more incentive and better promotional advantages for established employees.

In-depth understanding of patients' problems, participation in research projects, and committee work as well as conducting more individual therapy continued.

Village Pilot Project

This program continued to operate within the Institute, serving the citizens of three counties. The staff have worked closely with the appropriate mental health clinics and have participated in inservice training. The Chief, Village Pilot Project, resigned his position on the medical staff toward the end of the fiscal year; and a replacement for him is being actively recruited.

Department of Administrative Services

Several changes were evident in the department during the year. An Institute mail room was created and a mail clerk employed to coordinate postal service within the Institute. This has resulted in more effective communication throughout the facility. A painter was added to the Maintenance Section during the year and has provided much needed renovation of the physical plant. Medical Illustration Section provided extensive support to all training and research programs.

Professional Library

Highly specialized in the field of neurology and psychiatry, the Professional Library has attained a prestigious status in the state. It has become an information center for health sciences and the mental health field. The library undertook preparation of a list of medical journals received by all medical libraries in the Columbia area.

The Professional Library was chosen as a model library by the Medical Library Association for the continuing education courses given by the Medical Library Association in different parts of the country.

C. M. TUCKER, JR. HUMAN RESOURCES CENTER

ADMINISTRATOR'S REPORT

In reviewing our accomplishments during the past year we are reminded of the fact that we have just completed our fifth year of operation and I feel we should also include some of the highlights that occurred during these five years.

Since the beginning of our operation on June 25, 1970, the Staff has endeavored to develop and provide the best possible treatment program for the long term care of the elderly and the physically and mentally disabled.

On September 2, 1974, we were surveyed by a team from HEW who were conducting unannounced surveys throughout the United States in accordance with the "President's Eight-Point Nursing Home Improvement Program." The HEW Survey Teams visited a total of 295 nursing homes in the United States. A total of three nursing homes were surveyed in South Carolina. Although we did not receive an official report at the end of the survey, remarks from members of the team and later reports from HEW staff indicated that Tucker Center ranked with the best nursing homes throughout the country.

On March 3, 1975, we received notification that the entire Center had been awarded a full two year Certificate of Accreditation by the Joint Commission on Accreditation of Hospitals. This is the second full two year accreditation for the John M. Fewell Pavilion. At the times of notification, we were one of six nursing homes in South Carolina that had been accredited.

We recognize, however, that just meeting prescribed standards does not, in itself, insure the best quality of patient care. Therefore, we have attempted to broaden the spectrum of services to our patients. Since our beginning, in addition to essential Nursing, Dietary, Social Work and Administrative Services, we have developed and added programs in Physical Therapy, Recreational Activities, Pastoral Care, and Volunteer Services. It is our intention to continue the development of new programs wherever the possibility exists that they will improve the daily life of our patients or increase their chances for rehabilitation.

We also believe we have a responsibility that goes beyond the care of our patients alone. We consider our responsibility extends to other facilities, agencies, and organizations throughout South Carolina in improving the life and care of other long term care residents. We

have endeavored to meet this responsibility by providing our Center facilities as a teaching location to academic institutions that are training personnel for occupations in the long term health care field. During the past year undergraduate and graduate nurses, social work students, recreation therapy students, and seminarians gained practical experience in the various services to long term patients at our Center. We sincerely believe that it is our responsibility to continue to offer our resources to both individuals and organizations for the purpose of improving long term health care services to all South Carolinians who may require this alternative to independent living.

The administrator was advanced to Fellowship in the American College of Nursing Home Administrators during the Annual Convocation Ceremonies held in San Francisco, California, on November 2, 1974.

ENGINEERING AND MAINTENANCE

As Tucker Center concludes five full years of operation, preventative maintenance programs throughout this period have resulted in no significant increase in the rate of breakdowns or obsolete equipment due to age or use. A major interior painting program in both pavilions has been completed in which some colors were changed to brighten the buildings. In cooperation with Supply personnel, some furniture was rebuilt and upholstered in new colors.

The grounds maintenance program continues to move ahead but the need for an effective sprinkler system is great. During the coming year the engineering staff will work closely with recreation therapy personnel in continuing the improvement of pavilion courtyards and outdoor concourses to provide a more attractive outside environment for patients of the facility.

SUPPLY AND SERVICES

Problems have continued to exist with linen laundered by the Department of Corrections. These problems are reported to appropriate personnel at the Department of Corrections in the hope that effective solutions can be found. In the meantime, Tucker Center continues to improve its capability of processing laundry internally. Our laundry operation currently processes 5,000 pounds per week with an average of 5,000 pounds per week sent to the Department of Corrections laundry facility.

Under the supervision of the Executive Housekeeper, the housekeeping program has steadily improved. Currently the staff is testing new materials and supplies to determine their effectiveness.

Upon the completion of these tests in the near future, the results will be evaluated in an effort to utilize the most effective cleaning agents available.

Supply storage space has become critically short as the facility expands. Supply and linen storage areas are occupying space which needs to be released for patient use. Plans are being developed for a supply facility that will solve this problem upon its completion.

FOOD SERVICE

There has been little change in the Food Service operations of Tucker Center during this fiscal year. Some adjustments in work assignments were made to better utilize personnel, but personnel strength did not change. The Center Food Service Supervisor resigned and the position was filled through promotion of personnel within the facility.

During the year, dining rooms in each of the pavilions were re-decorated and paintings were placed on the walls to brighten these areas. New chairs were purchased and placed in service in the Fewell Pavilion Dining Room. A program is currently underway to refurbish ward service food carts following five years of use. It was necessary to replace one icemaker in the Stone Pavilion dining room during the year.

REGISTRAR

During fiscal year 1975, 76 patients were admitted to Tucker Center, 45 were discharged and 29 deaths were recorded. A total of 99,145 patient days were reported during the year.

Admission and disposition reporting was converted to a computer during the year as part of the Department-wide computerized patient record program. The plan for Utilization Review was amended to conform to new requirements of the conditions of participation in Titles XVIII and XIX of the Social Security Act. Admission and extended stay reviews were also initiated this year.

As a result of new laws governing the rights of mentally ill patients, letters of information went to all correspondents informing them of these changes and the elimination of Conditional Discharges from this facility. An improved system for monitoring the method for payment of care on all patients was also implemented during the year.

SOCIAL WORK SERVICE

During the past fiscal year, Social Work Service underwent several changes including new personnel and increased emphasis on helping patients secure various forms of financial assistance both during their facility stay and eventually upon their discharge. Added requests for information by the various sponsoring agencies placed a greater burden on the social work staff to maintain adequate records while continuing to provide direct patient services. The Social Work Service staff continues to provide much of the support of the Center's Treatment Team activities which is currently required to review each patient's treatment plan at least once each calendar quarter.

For the third year, the Social Work staff has provided the opportunity for undergraduate social work students to gain experience in long term care facility programs through field placement experiences at Tucker Center. This program will be expanded to include graduate level students in the coming year.

ACTIVITY THERAPY SERVICE

Patient activity programs at Tucker Center were evaluated and altered frequently during the year in an effort to more appropriately provide for the recreational desires of the patients. Two new programs were introduced. Rhythm band instruments were purchased and patients of the Fewell Pavilion were organized into music activity groups with the help of student nurses. Hortitherapy, the therapeutic use of horticulture, was added to the activity schedule following the attendance of the Chief of Activity Therapy at a weeklong workshop on the subject at Clemson University. As additional staff are trained, this program will be expanded in the future.

The staff has made a strong effort to involve patients in community oriented activities. Trips to the S. C. State Fair, Riverbanks Zoological Park, Carolina Coliseum and other local points were included this year. A multipurpose small bus equipped with a hydraulic lift for wheelchair patients has been ordered. It is anticipated that this vehicle will greatly increase the opportunity of handicapped patients to engage in community activities.

PHYSICAL THERAPY SERVICE

The Physical Therapy department has concluded its first year of operation with over 3,200 individual treatments provided a total of 92 patients during the year. During the year, treatment programs were expanded to include on-ward treatments as well as treatments car-

ried out within the department itself. These maintenance programs have shown significant results in the sustained independence of movement in the majority of patients treated.

The Physical Therapy Staff participated in inservice training programs both for facility personnel and for nursing personnel throughout South Carolina in Rehabilitation Nursing. It is expected that additional emphasis will be placed on training programs in the future as part of the Center's emphasis on training personnel for the long term care field.

PASTORAL CARE

The religious and spiritual life of Tucker Center patients included several new programs in addition to the weekly worship services. The Clinical Chaplain has utilized chaplaincy residents, visiting ministers and divinity students to maintain a full schedule of Sunday Morning worship services and special worship programs surrounding major religious holidays.

A religious discussion group was begun in the Fewell Pavilion and expanded this year. This group has had excellent response from patients with consideration now being given to establishing similar groups at the Center.

In June, 1975, the Pastoral Care staff of William S. Hall Psychiatric Institute utilized Tucker Center for the training of clinical chaplains for the second summer. These summer residents, the part-time Catholic Chaplain and a part-time Chaplain's Assistant have provided much support to the program and have enabled the Tucker Center Chaplain to better meet the needs of the facility's patients.

VOLUNTEER SERVICES

The volunteer services program has achieved excellent results after only the first year of operation under a full-time coordinator. Approximately 120 patients have been "adopted" by various volunteer groups in a program to insure that each patient is visited at least once each month. Five new volunteer groups were added to the Tucker Center volunteer corps during the year. A number of other new groups and individuals participate on an irregular basis.

Especially consistent support has been received from veterans organization volunteers. Picnic tables and park benches have been purchased with contributions from these groups during the past fiscal year.

Volunteers have provided assistance in many community-oriented activities. As more activities in the surrounding community are planned, it is expected that Tucker Center volunteers will play a large role in carrying out these events.

NURSING SERVICE

Nursing Service was able to maintain personnel strength at the authorized level throughout the fiscal year. The Inservice Education Program for nursing personnel involved all levels of the Nursing Service staff and covered a comprehensive range of subjects. All staff members participated in at least one inservice training project.

A program of Reality Orientation Therapy was implemented on two wards this year by the nursing personnel on these wards. After an extensive training program, Reality Orientation classes for patients were established and are held weekly in addition to the reality orientation approach which is in effect throughout the entire day on the wards.

The first full year of a cooperative contract with the University of South Carolina College of Nursing and Tucker Center was completed with sixty students gaining clinical experience in nursing practices with aging persons. This program is to be expanded in the current year to include clinical affiliation in both the Stone and Fewell Pavilions.

MEDICAL STAFF

Tucker Center currently has two full-time physicians and a consultant in psychiatry on staff. The facility also has access to a number of qualified consultants through the Clinics of Byrnes Clinical Center of the South Carolina State Hospital.

Revisions in the Utilization Review program were made updating the requirements of the committee in determining appropriateness of stay and level of care. Initial groundwork has been laid for beginning PSRO at the Center.

As of December 1, 1975, the facility must have on staff a Medical Director. A decision on personnel to fill this position is pending, awaiting the outcome of a proposal for the construction of additional beds at Tucker Center in the future.

DIVISION OF COMMUNITY MENTAL HEALTH SERVICES

DEPUTY COMMISSIONER'S REPORT

The year 1974-75 provided Community Mental Health Services with opportunities to continue the expansion of services, and to plan for upgrading the quality of those services offered to the citizens of South Carolina through the Division of Community Mental Health Services.

The Office of the Deputy Commissioner was reorganized. The new organization structures the office along Departmental lines with coordinators for each of the four mental health regions in the State and a person responsible primarily for liaison activities in each of the districts within the regions. This was an effort to continue the upgrading of community services and to better coordinate existing services between Community Mental Health and the psychiatric institutions, as well as the Village System.

The concerns of the Community Mental Health Services Division were presented in a report to the Waddell Committee. The summary of that report indicated that the Division's plans were to: (1) Sustain and strengthen the existing center and clinic programming; (2) Bring all existing clinics to comprehensive center status (for programs); (3) Expand precare screening and aftercare programs; (4) Expand autistic children's programs as need indicates; (5) Continue Camp Logan (summer camp for 50 children located near Clemson) and expand center summer camp programs; and (6) Continue substance abuse treatment programs and expand as indicated. The results of that planning are reflected in:

- (1) The Pee Dee Mental Health Center's achievement of comprehensive status with the addition of an in-patient unit and a plan for emergency services.
- (2) The Columbia Area Mental Health Center's development of a comprehensive children's program.
- (3) The Anderson-Oconee-Pickens and the Greenville Area Mental Health Centers' combined effort to implement a comprehensive children's program within those two mental health districts.
- (4) The Santee-Wateree Mental Health Center's planning and organization of a comprehensive children services program; and the expansion of services in Kershaw County through the new satellite building in Camden which was dedicated in May of 1975.
- (5) The York-Chester-Lancaster Mental Health Center's achievement of comprehensive status in a number of services and the development of full-time satellite programs in both Lancaster and Chester Counties.
- (6) The Coastal Empire Mental Health Center's changing from clinic to comprehensive status in February. Not only did they expand their services but also expanded in physical facilities through the occupancy of a new building. The nature of the center's services has already necessitated additional physical space. As a result, the center has received approval for a second level which is to be added to the new building.

- (7) The completion and formal dedication of new facilities for Camp Logan. The camp serves 48 children, ages 8 through 14, with mild to moderate behavior problems who are selected from referrals received through the mental health centers and clinics across the State.
- (8) The implementation of the Precare Screening Services and the expansion of Aftercare Services in the fourteen centers and clinics within the State. These efforts resulted from a special State appropriation to the Division of Community Mental Health Services.

Support was provided for the initiation of consultation in mental health education, children's services, and research and program evaluation. The provision of support was continued for programs such as in-service training, the film and book library, educational stipends for development of professional personnel, and the on-going services in the clinics and centers.

The expansion of programs through satellite clinics in remote communities within the catchment areas has increased the availability and assessability of services. The need and demand for services, however, often generates manpower problems. At the same time personnel within the Division has continued to increase with a current population of almost 650 staff members.

Perhaps it should be noted that Community Mental Health Services is the only division which operates under the South Carolina Interagency Merit System. As a result, certain aspects of the personnel procedures are unique. The personnel unit within the Division functions as a satellite handling all personnel matters for Community Mental Health Services in accordance with guidelines of the State Personnel Division, the Interagency Merit System, and the Department of Mental Health. It also serves as the liaison body between the Merit System and the individual units of this Division.

The increased administrative linkages, information flow, consultation, and monitoring generated through the reorganization of the Deputy Commissioner's Office, and the annual site review process offers considerable assistance in enhancing the quality of care provided and improving the standards of operation for clinics and centers.

SPECIAL SERVICES

Alcohol and Drug Services

The Division of Community Mental Health Services is striving to develop and refine services to those persons with problems related to alcohol and drug abuse. To that end, each community mental health

center and clinic is creating a viable substance abuse unit that functions primarily as an outpatient treatment service and a consultation and education unit. Also, in certain mental health centers and clinics other aspects of alcohol and drug programming are in evidence. Examples of this are the detoxification service in the Spartanburg Area Mental Health Center and the Alcohol Traffic Safety School in the Aiken-Barnwell Mental Health Center.

Achieving these goals has been dependent to a great extent on attaining funding resources. The funding resources have been vital in terms of establishing the alcohol and drug services and hiring the specially trained individuals who act as specialists.

The Division of Community Mental Health Services has been a part of the State Interagency Committee on Alcohol and Drug Abuse since it began. Within the Office of the Deputy Commissioner of Community Mental Health Services is housed an Addictions Consultant Unit that acts as liaison with the State Interagency Committee. This unit provides training, consultation, and various forms of technical assistance to the centers and clinics. The addictions unit has had great success in stimulating and encouraging the development and refinement of community alcohol and drug abuse program.

The following is a list of three of the most essential duties of the addictions unit within the Office of the Deputy Commissioner:

- (1) Representation of the South Carolina Department of Mental Health in decision making referable to usage of federal alcohol and drug formula grant money.
- (2) Through consultation with other divisions within the Department of Mental Health, promote coordination of substance abuse programs with total departmental impact.
- (3) Insure that the Department of Mental Health's efforts are coordinated with other agencies and groups in the substance abuse education, prevention, treatment and rehabilitation field.

Precare Screening and Aftercare Services

A special State appropriation of \$440,000 was made to the Division of Community Mental Health Services to implement Precare Screening Services and expand Aftercare Services in the fourteen clinics and centers. During the first half of the fiscal year, Central Office staff and clinic/center staff worked closely together in defining the limits and capabilities of the program, defining, redefining, and adjusting policy to fit the needs of program, and developing standards to evaluate the program.

An indepth review of the programs at the conclusion of this fiscal year indicated that implementation was well developed by July 1,

1975. The results of the efforts of staff in the clinics and centers to develop a new program and expand an existing one are exceptional. There have been an estimated 5,008 precare contacts in this fiscal year; 104 precare hospitalizations paid all or in part from precare funds; 523 precare hospitalizations paid from other sources; and an estimated 6,552 active aftercare patients, 4,466 of these in the monthly group program and 4,340 receiving other clinic/center services, many in addition to the group program. There are now 53 monthly group aftercare programs in the State, an increase of 9 since September of 1974. These programs are available in 38 of the State's 46 counties. An additional 11 group aftercare programs are scheduled to begin by January 1, 1976.

Centers and clinics have developed 20 contracts or agreements with local hospitals for 72 hours emergency psychiatric hospitalization services. There are 55 physician contracts or agreements for services with an additional 50 to 60 physicians working with our facilities informally.

Anticipated in the next fiscal year is an even greater use of the service elements of this program, and increased involvement of community agencies in planning and delivering services to the precare/aftercare patient.

Autistic Children

1974 marked the opening of the Columbia Program for Autistic Children, which is the third center in South Carolina developed to serve the needs of children with severe disorders of communication and behavior. The centers in Spartanburg and Charleston provided training to teachers and staff in their programs as well as training for teachers in other facilities. Training was made available to parents in all of the centers. Four children acquired the skills which enabled them to leave the Charleston Program for the Behaviorally Handicapped and enter public school programs. All of the programs demonstrated greater effectiveness by developing better data keeping systems, implementing newly learned techniques, and expanding services.

Camp Logan

Camp Logan moved into new facilities this year for its sixth summer of operation. The permanent campsite is located on Lake Hartwell and is a part of the Outdoor Education Research Laboratory at Clemson University. The campsite was formally dedicated on May 20th, with representatives from the Department of Mental Health and Clemson University present.

The camp serves 48 children, ages 8-14, with mild-to-moderate

behavior problems who are selected from referrals received from the mental health centers across the state. These children stay at camp for a session lasting six weeks. The camp staff is composed of a Director; two Assistant Directors; an Administrative Assistant; Waterfront, Arts & Crafts, and Recreation Specialists; a Nurse; and 21 Counselors. The entire staff undergoes extensive orientation and training during the week prior to the arrival of the children.

The therapeutic program has a behavior modification focus integrated into an overall recreational framework, with the objective being to teach the campers appropriate behaviors. A great deal of behavior change occurs in this setting, because of the immense amount of staff contact with the children and because of the recreational milieu in which the stigma of institutionalization is avoided.

The camp Directors have extensive contact with the center personnel who are working with the children and their families. One of the requirements for the acceptance of a child into the program is that his parents are also involved in some form of treatment at the center, for it is believed that the modification of the natural environment of the children is critical to an overall treatment program. The major objective is to bring about some behavior change while the children are at camp during which time the parents are learning some of the same management techniques. The attempt is made to demonstrate to the center staff persons and to the parents techniques that have been found to be especially effective with the campers. The intensive treatment at camp during the six week session combined with treatment at home makes for a very effective format for bringing about significant behavior change.

Film and Book Library

The Film and Book Library, under the Division of Community Mental Health Services, is the mental health resource unit that provides materials on mental health concepts and issues to community groups within South Carolina. It has been in existence for almost 30 years serving schools, churches, hospitals, civic groups, organizations, and associations. This past fiscal year, as well as in years past, the library has catered to a large number of persons—a total of 336,489 persons viewed our films, filmstrips, and cassettes. In addition, our book library served as an excellent resource for students of all school levels, having books, pamphlets and journals at their disposal for research into mental health concerns. The library has and will continue to maintain a strong program to assist mental health professionals in laying a firm foundation for the proper development of mentally healthy human beings.

Planning and Program Development

Reorganization of the Community Mental Health Services Central Office during Fiscal Year 1975 created the Office of Planning and Program Development. The creation was necessitated by enlarged operations, inasmuch as the scope and variety of programming within the Division had vastly increased. To this end, personnel have been assigned and charged with the responsibility to develop and coordinate Divisional planning.

Inherent in the planning aspect, the Office was delegated the responsibility for development of written documents relevant to Divisional efforts at both the state and federal strata. Divisional state plans become tangible by-products of the delegation. Also, responses to inquiries as well as federal programmatic audits have become a natural outcome.

The Planning and Program Development Section is also the administrative instrument for 314(d) programming. Thus, program development becomes an essential element of the section. The section participates with other interested individuals in the utilization of 314(d) funding in addition to actively initiating and administering new and innovative efforts. Ultimately, the Office files reports on all 314(d) funded activities.

AIKEN-BARNWELL MENTAL HEALTH CENTER

1. **INTRODUCTION:** The Aiken-Barnwell Mental Health Center has continued to grow. The addition of a full-time psychiatrist in July, a full-time coordinator for Pre-screening and Aftercare in December and four CETA employees in February, with the loss of only one Psychologist IV, made it possible to see more people on an individual basis. It allowed us, also, to increase our community service hours. These events are reflected in the statistics below.

PATIENT STATISTICS

A comparison of person interviews for 1974-1975 with the previous fiscal year:

	<i>Individual</i>	<i>Group</i>	<i>Family</i>	<i>Community</i>	<i>Service Hours</i>
1973-1974	3252	2534	1486		1102
1974-1975	<u>4567</u>	<u>1472</u>	<u>604</u>		<u>2290</u>
	+1315	-1062	-882		+1188
Increase or					
Decrease%	40%	-42%	-59%		+108%

The number of new patients increased from 593 to 830 = +40%.

PRE-SCREENING AND AFTERCARE

Two CETA employees (Nurse III and Clinical Counselor I) were assigned to the Aftercare Program. A new Prolixin Clinic, for former South Carolina State Hospital patients on this medication, is administered by the Nurse III.

The Clinical Counselor serves as the Volunteer Coordinator and has greatly expanded these services. Three hours a week are used for program planning and case discussion between the Coordinator and the Aftercare team members. Two weekly activity groups are currently available to aftercare patients and two additional monthly activity groups were begun in April. Transportation, to these groups and monthly drug check groups, is being provided by the Aiken-Edgefield Community Action Commission.

Pre-screening is done by designated staff members on a daily basis. Data is being collected on all contacts in hopes that it will provide a basis for establishing facilities in the local hospital.

CONSULTATION AND EDUCATION

One of the CETA employees is trained in multi-media and has been classified as a Mental Health Educator. Media for in-service training and community education has been produced through video tapes and slide tapes. The local media is being supplied with appropriate information about mental health on a regular basis. The staff is being trained in the use of the media equipment and a library of media information and materials is being built at the Center.

We continue to actively consult with ministers, agencies, physicians and the school system. Workshops, consultation seminars, and meetings for or about patients with those in need of consultation continue to accomplish this goal.

PREP

After *seven* years, the Planned Reentry Program has been completely phased out. It proved to be so successful that it was submitted for APA award. Statistics corroborated that, with community planning in advance and community coordination afterwards, long-term hospital patients could be returned and maintained successfully in the community. Occupants of PREP House were placed in other homes. Much of the function of this project has been absorbed by the expanded aftercare program.

DRUG AND ALCOHOL RELATED PROBLEMS

A Court Worker was hired in February. He works under the Alcohol Safety Action Program and has been arranging schools for DUI Offenders.

An Addictions Specialist joined the staff in June. He will be coordinating the program for drug and alcohol related problems.

CRISIS EVENTS

The staff of the Center has been involved in two mock disasters. We have developed our own disaster plan that will allow us full cooperation with the office of Civil Defense.

FUTURE

We have increased our physical plant and the number of staff members. Our goal is an ongoing one to add partial hospitalization, emergency and in-patient services to our present services. We hope to accomplish this in an orderly, progressive growth process, both money and staff wise. We feel we are headed in this direction.

ANDERSON-OCONEE-PICKENS MENTAL HEALTH CENTER

All operations within the Center, both clinical and administrative, have undergone continuing scrutiny and examination with an aim toward improvement and refinement; not only in on-going functions, but in new endeavors as well.

In 1974, with the addition of our Child and Adolescent services to the total programmatic family, we have been able to launch out in directions not open to us previously. Not only has such a program increased our overall patient/client load, but has aided tremendously in creating better relationships with catchment area residents and their community agencies.

The Comprehensive Health Education Consultation Project, though crippled somewhat at birth, in the past six to eight months experienced a marked improvement and now serves as a vitally important and strong arm in rendering health education services to local citizenry and care-giving agencies, who benefit through such a program.

A significant growth of Precare/Aftercare was realized dramatically during the fiscal year 1974-1975. Priority was given to the establishment of more efficient and effective methods of treatment, whereby those patients in such a program would receive quality and quantity service. Given first consideration in such endeavors, the

patient, as he becomes more and more involved in the new areas of care delivery, is more readily capable of maintaining himself in the community. The Precare/Aftercare program has expanded its facility sites and now has the use of three churches (each located in easily accessible and more convenient sections of the counties) for regular group meetings.

One newly adopted service to our over-all program is that of Supervisory Services. As such a feature is produced and grows to full maturity, we anticipate its fruits to intensify the quality of services provided through our staff, both clinical and administrative.

With expansion of the Center's programmatic family—clinical and administrative—1975 also brought about the necessity of securing additional housing. Thus, Administrative Service relocated, creating the availability of more efficient office space at the Center, which is utilized totally for patient treatment.

Opportunity, as it's afforded us; challenge, as we meet it; demand, as we're confronted by it, has rewarded this Center in every phase of its total program development, with communities who continue to accept it.

BECKMAN CENTER FOR MENTAL HEALTH SERVICES

Open cases as of June 30, 1975:

New Admissions	1081
Re-Admissions	34
Person Interviews	5697
Group Sessions	415
Person Interviews in Groups	3816
Family Psychotherapy Sessions	327
Person Interviews in Family Psychotherapy	786
Total Community Service Hours	1248

The past fiscal year has been one of continued growth for the Beckman Center for Mental Health Services. All services have been expanded in both program development and personnel.

The outpatient service continues to be the primary entrance point for services from the center with few exceptions. The outpatient service offers a variety of treatment modalities with emphasis on chemotherapy in combination with individual or group therapy. As demands for extended programs in other areas have increased, this service has been able to provide services without any waiting period. Outpatient services are now available to the entire catchment area on a regularly scheduled basis, the last county being included this fiscal year. In those larger counties, the satellite offices have been very

successful. All satellite services are part time with the exception of Laurens County which is full time.

The consultation and education services have shown the most growth in the Plays for Living project and drug and alcohol programs. The Beckman Center continues to consult on a regular basis with Schools, Social Service Agencies, Courts, Health Departments, Vocational Rehabilitation, Children's Homes, Ministers and other like agencies.

The Plays for Living project has produced 4 new plays during the past year. There has been a total of 23 performances reaching 1644 persons.

The drug and alcohol program has developed an area meeting with the County Drug and Alcohol Commissions from all seven counties. Liaison has been established with the Regional Correctional facilities with substance abuse educational programs in both facilities.

The addition of a second Psychiatrist has greatly increased the inpatient program. The average census of the inpatient unit has risen from 9 to 11. This has enhanced greater pre-care intervention.

The partial hospitalization program has been extended to five days per week. Additional space has been acquired, which enables this function to treat a larger number of patients.

The partial program works very closely with the aftercare and a large portion of the patients have graduated from an inpatient facility to partial treatment. The remainder of the patient population is precare intervention. The staff provides a wide variety of therapies, but also they consult with other agencies regarding the patient's physical needs such as financial assistance, shelter, food, and other basic requirements. They work closely with other agencies including Departments of Social Services, Vocational Rehabilitation, Mental Retardation, and County Health Departments.

The primary goals of the aftercare program are to help the patient achieve and maintain his optimal level of functioning in the community and to prevent need of re-hospitalization.

The patient and the family are both included in the goal-setting upon discharge from an inpatient facility. Aftercare days have been set up, at the present time, in Abbeville, Greenwood, Newberry and Laurens counties. There are plans to have the programs in Saluda, McCormick and Edgefield counties during this fiscal year.

The precare intervention is mainly accomplished through the outpatient services and the emergency walk-in service. The patient is then assigned to the most expedient treatment modality.

The emergency services consist of twenty-four-hour on-call therapists, a walk-in service with a therapist immediately available and a twenty-four hour telephone "Helpline." The demands on these

services have shown a marked increase during the past year. At the present rate of increase, expansion considerations will be required in the near future.

CHARLESTON AREA MENTAL HEALTH CENTER

The Charleston Area Mental Health Center completed its seventh grant year on a note of excitement and anticipation despite an austere and somewhat forboding funding picture for the future. Because of the austerity of our funding resources we have emphasized a maintenance of effort in the majority of our services of the Center but have nevertheless been excited about the potential for expansion and programmatic growth in several areas.

Through the diligent efforts of two of our staff members we are now the recipients of a grant from LLEA in the amount of approximately \$40,000 for the development of a police training program in the area of crisis intervention. The two staff members have been working on their own time for the past eighteen months with the Charleston City Police Department and because of the very excellent relationship which they have formed with this department and because of the quality input which they have given to officers who are called upon in their daily duties to intercede in many domestic conflicts, this department has been highly supportive of our efforts to obtain the above mentioned grant. This grant will permit us to work with a number of police departments in the Charleston area and will provide the basis for an ongoing program of training of law enforcement officials in the area of domestic conflict and crisis intervention.

We have seen a unique and very positive occurrence in our community within the past year having to do with a program that was reported in our last annual report. In that report we described an educational program which the Mental Health Center had instituted which we termed "The Evening Program" and gave a description of its features. We are now pleased to report that the community was so accepting of the concept of this program that it has now been taken over in concept by the Adult Education Department of the school system and the evening program is being carried on in various school facilities throughout the Charleston area. We are pleased and encouraged by this type of impact which the Center is having upon the community.

Our Precare/Aftercare Program continues in a leadership and model role for other programs throughout the state and the "Community Team" concept instituted by the staff of this program which brings together representatives of various community agen-

cies to meet with meaningful staff persons from our unit at the S. C. State Hospital is also serving the role of model for other programs.

During the past year we have been fortunate to acquire a double wide modular unit which now houses our very active Children and Youth Program giving us much more adequate and usable space in which this most important service can operate.

We are very pleased to report that we anticipate the opening of the Dorchester County Mental Health Clinic satellite operation in offices in Summerville as of the first of the coming Fiscal Year. Based on some very meaningful dialogue with the Dorchester County Council, we have been assured of supporting funds from this governmental body to help us in staffing the Dorchester County Clinic with a full time staff of three people which will include a director, a clinical counselor and a secretary. The Berkeley County Mental Health Clinic, a satellite operation of this Center, continues to operate on a full time basis serving a large patient load despite the turn over of two-thirds of its three member staff. However, we have been very fortunate in securing very capable leadership and clinical counselor support for this clinic and anticipate an increasing amount of effective programming in this area within the coming year.

The Inpatient and Emergency Services of the Center continue to serve an exceptionally large number of patients and it is in this service that we are providing a wide scope of training to medical students who are on their psychiatric rotation and residents from the Department of Psychiatry, Medical University Hospital. It is in this area that we have our closest working relationship with this Department of our Medical University and where we can continue to provide a very meaningful experience in the combination of service and training.

Another aspect of our programming in the Center which is very worthy of mention during this past year has been the development of a very active Outreach Program through the efforts primarily of one staff member. This staff member who has both the expertise of a psychiatric nurse as well as a Master's Degree social worker has developed, in conjunction with the staff of the Precare/Aftercare Program, the Inpatient Program as well as the Partial Hospitalization Program, a very active outreach effort which adds a new and very meaningful dimension to our continuity of care concept. This staff person has also been very active in community organization efforts, inservice training and consultative efforts to other agencies and as coordinator of outreach efforts within our own Center.

Other programs and services of the Center continue to operate within the frameworks previously established and based on the structure of our budget and staff capabilities. We are very cognizant

of the various boundaries, restrictions and limitations within which we work as regards funding, space and personnel and as we point with understandable pride at goals that we have reached we choose to view these restrictions and limitations as a challenge rather than a defeat.

COASTAL EMPIRE MENTAL HEALTH CENTER

The past year has been a year of growth for the Coastal Empire Mental Health Center.

In March the Beaufort staff and support team moved into the new central office building located adjacent to the Beaufort County Memorial Hospital. Additional funds have been approved to add a second story to the existing structure to house additional support staff and services. The Open House and ribbon-cutting ceremony were held during May to help celebrate Mental Health month.

The professional staff has doubled in the past year and a full time director is now in each of the satellite clinics located in Hampton, Walterboro, and Ridgeland. Out-reach clinics were set up in Alledale and Hilton Head Island on a one-day a week basis. The Coastal Empire Mental Health Center now has a full time Medical Director and Program Director who are responsible for coordinating services throughout the five-county area.

In the area of services an expanded aftercare program has been implemented along with night clinics and expanded day care services. A 24-hour "helpline" has been set up and is available to receive calls throughout weekends and weekdays. Plans are to extend this service throughout the five-county area.

Negotiations are underway to establish in-patient services within the coming fiscal year.

Consultation, educational, and staff development activities have continued and an inter-agency committee has been set up to coordinate services along with in-service training programs in an effort to provide coordinated Mental Health services to outlying areas.

The Coastal Empire Mental Health Center enjoys community support along with an active Board of Directors. The coming year presents new challenges for both Board and staff along with many opportunities for continued mental health care to this unique area of the South Carolina Lowcountry.

COLUMBIA AREA MENTAL HEALTH CENTER

The end of fiscal year 1975 statistics indicates an overall workload increase of 317% of the Columbia Area Mental Health Center. While no single factor can be determined as contributory, there have been

many circumstances that can be reasonably documented for this high mark of achievement. One is the new mental health laws that have taken the stance of a judicial process. Where usually two mental health professionals were utilized for evaluation plus a para professional and an administrative support person, now the cycle is repeated by adding to it 3-4 times the workload because of testimony in assistance to the court for decision.

Another factor was the final contractual arrangement with Richland Memorial Hospital for the Inpatient Services. Center physicians were accepted for staff privileges without the requirement of rotation since they are salaried and subject to on-call rotation as backup to the Emergency Room physicians at Richland Memorial.

A third and most significant factor in the increase was the release by central mental health facilities of their residents. Over 26% was from this Midlands region. Therefore, aftercare services as well as pre-care services increased.

The Partial Hospitalization program, the most widely used treatment modality showed an increase of 105.41%. This figure is exceptional considering that no beds were available for any portion of night care within the Center.

Inpatient increased 76.92%. No doubt the availability of 32 beds in the Richland Memorial Hospital is a main factor, with a combination of the stringent commitment proceedings.

Administrative Services Division

This Division underwent a period of re-organization with three major Departments being assigned the responsibilities for operation. Those are: (1) Research and Operations Support composed of the Materiel, General Services and Research and Analysis Sections; (2) Registrar Services composed of Admissions and Dispositions, Medical Records (records, library and transcription) and Consultant Support Sections; and (3) Business Office composed of Manpower Programs, Financial Management and Methods Improvement Sections. These changes were made following review and audit by the State Personnel Division.

The Center's Utilization Review Committee worked toward setting standards for the Outpatient and Partial Hospitalization program. Standards for the Inpatient Service are those set by PSRO and received from the South Carolina Medical Care Evaluation Center.

The Research and Operations Support Department has undertaken a pilot project on a Direct Patient Services Information System to provide data for program evaluation and management decision

making. Preliminary work was completed on computerization of Accounts Receivable and with the installation and utilization of a CRT computer terminal, the patient locator system and patient demographic data have become a reality. The close of the fiscal year brought about the possibility of purchase of a second modular unit for much needed therapy, treatment and office space.

The Business Office was successful in more than doubling the receipts from fees for services. More and more the need for the expansion of this service is recognized for the operation of the Center. As mentioned above, all patient accounts should be completed for billing by computerization during the coming year.

Community Services Division

Consultation: Project CAMEO (Capacity and Motivation Enhancing Opportunity) has been an integral part of the Columbia Area Mental Health Center program during the year. The Project is a five year grant awarded by the National Institute of Mental Health, to the College of Social Work, of the University of South Carolina. The purposes of this grant are essentially two fold. One purpose is to enhance existing community mental health services within the Columbia area. The second purpose of this grant is to train graduate social work students in the field of community mental health.

The S. C. Commission on Aging awarded a grant to the Center, Columbia Housing Authority, and Richland County Health department to sponsor a joint effort to assess the health needs of the elderly in the public housing facilities in Columbia. The project, named Health Assessment Project — Interagency (HAP-I), was funded for one year. Data was gathered via the use of a comprehensive questionnaire to determine the feasibility of implementing a day care program for senior citizens in the Columbia area. Several meetings have been held with key health care service agencies in the community to coordinate this effort.

Intense consultative efforts have been expended in the Lexington County area with various community agencies and organizations, such as Mid-Carolina Council on Alcoholism and Lexington Interagency Council. Several task forces were formed to assess the needs of the county in the areas of mental health, the elderly, and school health. A representative from the Mental Health Center has been working with the task force on mental health to assist the residents of Lexington County in working towards the establishment of their own autonomous mental health service delivery system.

Consultation is being provided to the Columbia Municipal Court, regarding alternatives and possible solutions for working with the

chronic alcoholic offender. A research design has been devised to gather information that will be used to develop a profile to determine if there are needs any of the Columbia based agencies or community agencies could meet.

Consultative efforts with Contact-Help continue with the staff of the Center providing training for the volunteers and serving as liaison. This organization has been funded as a United Way Agency.

Negotiations continue with the Columbia Police Department and the City Manager related to the Center providing a screening procedure for potential applicants and cadets of the Department.

Education: The Center received a grant from the S. C. Committee for the Humanities to sponsor a day long workshop for people in the community who were interested in making the aging process a more positive experience for themselves. This joint effort included resource people from the University of South Carolina, Departments of Art and English, as well as community minister and mental health personnel.

A proposal to write a script that would emphasize the role of community mental health centers has been written and has been approved by the Deputy Commissioner. If appropriate, the script will be staged and filmed. This project will involve students from the various high schools and colleges throughout the state as well as free lance writers. It will have great educational value as it will serve as a vehicle for making the participating students aware of what a community mental health center is and what services it offers. The script will emphasize the growth process of mental health rather than the stigma of mental illness and will be used for training and orienting new staff members as well as educating schools, community agencies, and organizations. The production of this film will be a joint effort with ETV and the S. C. Arts Commission. Awards will be presented to the writers of the top three scripts by the S. C. District Optimist Clubs.

This year the annual disaster exercise training and practice was expanded to include one staff member from each mental health center throughout the state. The APA Hospital & Community Psychiatry Service Achievement Awards Board presented the Center a Gold Award recognizing the Disaster Plan as a program of exceptional merit.

A new adult education program which is housed in the Mental Health Center and is the first of its kind in the state is a coordinated effort with North Trenholm Baptist Church, S. C. Department of Adult Education, and the Center. This program is open to any Center client at any level, 0-12, who is interested in furthering his education. Participation in the program could lead to a GED.

The Clinical Pastoral Education Program received full accreditation by the National Association for Clinical Pastoral Education. Four community clergymen were enrolled in this program for a cumulative total of 1,720 hours.

Volunteers: Several of the efforts of the Division mentioned previously involve the use of volunteers. The average number of volunteers employed in the Center each month during the year was 51. This includes an average of 10 Big Brother/Big Sister volunteers. The number of volunteer hours was 3,964.

Clinical Services Division

Some very significant changes were experienced during the past year in the continued expansion of regular support, analysis, planning and programming. At the close of June the number of open cases reached 5,106; average monthly admission rate was 229 new cases; outpatient visits were 1,634 per month; day care patients averaged 17 per day; and the inpatient services averaged 9.86 patients per day.

The contractual agreement between the Center and Richland Memorial Hospital was finalized. On July 8th, the Psychiatric Ward (11 East) was opened at the insistence of the Atlanta Regional Office, Director of Health, Education and Welfare. On March 11, 1975, the contract was signed which mandated provision to admit children 12 years of age and under to Ward 9 and Adults and Adolescents to Ward 11 East. All Center full time physicians have staff privileges at Richland Memorial Hospital with exempt rotation.

The Child and Adolescent Special Services (C/A) moved from the main Center complex to a modular building on the Center property. This afforded the C/A Department an isolated setting to offer consultation and therapy without intermingling in the Adult Services. A second modular unit was erected which will relieve the office and therapy room shortages. One end is to be used by Adult Outpatient Services while the other is assigned to the C/A Outpatient Services. C/A Partial Hospitalization utilizes four small leased cottages located across the street from the main Center building. Space is reserved in one of the cottages for Adjunctive Therapies.

A Summer Camp, both day and residential, was organized and is in operation utilizing both Adult and Children staff. Eighty (80) children and adolescents are being served in an intensive observation and therapeutic setting. An average of 12 staff members are involved in the Camp each day.

GREENVILLE AREA MENTAL HEALTH CENTER

The Center continued a period of growth and program development throughout fiscal year 1974-1975. Expansion is especially noted in the Precare Screening and Aftercare Services, satellite programs, the Child and Adolescent Project and training programs.

The Center was established in September, 1950, for the purpose of providing community mental health services to the citizens and agencies of Greenville County. Throughout the years of operation, the Center has been basically financed one-half by Greenville County and one-half by state funds. Fees collected are applied to the county's share of the Center's support. A federal comprehensive community mental health center staffing grant began in 1969 and has made it possible for the Greenville Area Mental Health Center and Marshall I. Pickens Hospital to expand services to include all of those required of a Comprehensive Community Mental Health Center. Current legislation provides for these funds to continue for an eight year period. The Greenville Area Mental Health Center and the Anderson-Oconee-Pickens Mental Health Center were awarded a federal staffing grant effective May 1, 1974, for the purpose of developing a specialized Child and Adolescent Program for the catchment areas. The grant will continue for a period of eight years. Other funds awarded the Center to support programming were special funds from the State Department of Mental Health for precare screening and aftercare services, a staff position funded by the Addictions Center for aftercare services and a two-year grant of funds from the Alcohol Commission for an addiction counselor.

The Center now has full time satellite offices in Travelers Rest, Greer and Simpsonville. The opening of the third satellite office in Simpsonville in March, 1975 filled a need of which the Center had long been aware. This satellite, The South Greenville Mental Health Clinic, serves the Simpsonville, Fountain Inn, and Mauldin areas of the County. All satellites provide adult, children and adolescent outpatient services, consultation and education and aftercare programs. These clinics are expanding to the point that manpower will continue to be a problem. The satellite clinics will also begin to provide evening programs according to local community needs and within the staffing limitations of the clinics. The involvement of many staff members, the Center Board and numerous concerned citizens has made the development of the satellite facilities possible.

The "Advance Program" (aftercare) had a very large increase in the number of patients and relatives served. The staff works very intensively to prevent institutionalization and return of former patients back to the state hospitals. A wide range of services — group

therapy, prescription and checking of medications, group activities, family counseling, referral to other community resources, etc. — are provided in the aftercare program of the Greenville Area Mental Health Center, its satellites and the evening clinic. With the changes in mental health laws and the Center's goal of treating patients in the community, the continued growth of this program is expected.

A Precare Screening Unit has been structured within the adult services. The staff in this unit screens, evaluates and makes appropriate disposition of all new referrals, emergency "walk-ins" and routine requests for adult treatment services.

Crisis Intervention experienced tremendous changes near the end of the fiscal year. Greenville County has developed a very broad Emergency Medical Services Program. Crisis Intervention is directly connected with the telephone system of the central office of Emergency Medical Services. Crisis Intervention counselors incoming and follow-up call of EMS which are of a mental health nature. This added coordination of emergency and crisis intervention services is a giant step forward in meeting community needs. Other services of Crisis Intervention continued during the past year.

The Child and Adolescent Project is now over a year into its programming. The project staff is composed of five teams corresponding to the five attendance areas of the county school system. This structure is working extremely well since the project and the schools work so closely in serving youth and their families. This structure also enhances and provides channels for consultative services with the schools. The teams are composed of the traditional mental health professionals plus learning specialists and a pediatrician. The staffing grant also included positions for special education teachers and aides who are employed by the school system under the Center's contract with the schools. The intensive child and adolescent program has progressed well during the fourteen months of operation and this is expected to continue into 1975-1976.

Adult outpatient services has consistently been the largest single program of the Center. This continues as the Center seeks to treat disorders early and prevent hospitalization. During the past year a greater emphasis was placed on utilization of a variety of treatment methods. Group therapy programs have grown and many more staff members are being trained in this treatment method. As is the case with several other service areas, the adult treatment staff carries an excessively large treatment load.

The partial hospitalization program is administratively a part of the Marshall I. Pickens Hospital. Most of the patients in partial hospitalization are Greenville Area Mental Health Center patients admitted and followed by Center staff. Greenville Area Mental

Health Center psychiatrists are also on the medical staff of Marshall I. Pickens Hospital and admit Center patients there for inpatient care. In some cases, the Center utilizes precare funds provided by the State Department of Mental Health to contract with private psychiatrists to care for Center patients requiring inpatient treatment.

All psychiatrists on the Center staff rotate with the private psychiatrists to provide psychiatric consultation and service calls to the emergency room of the local hospital system. This service is coordinated with the Center's precare screening and referral unit, Crisis Intervention and other emergency services of the Center.

The Chief Addiction Specialist and his staff have increased efforts during the past year to coordinate the Center's addiction services with those of state institutions and community agencies.

The Center continued to emphasize consultation and educational services during the past year. All previous consultations were continued and new ones developed with such agencies as the Piedmont Dialysis Center and the Winguard Treatment Center. Center staff continues to work with the Mental Health Association, community agencies and clubs to promote mental health education. In addition, numerous personnel from other agencies participate in the Center's inservice training. The Clinical Pastoral Education Program reaches many pastors and citizens through its educational, instructional and consultative efforts. The Deaf Awareness Program is unique in that it is specifically designed to provide services to the deaf population.

The Center had students and residents from several training institutions including Greenville TEC, USC School of Social Work, Family Practice Center of Greenville, and Clemson School of Nursing.

1974-1975 was a very progressive year and the program growth is expected to continue throughout 1975-1976.

THE MENTAL HEALTH CENTER FOR HORRY-GEORGETOWN-WILLIAMSBURG COUNTIES

Fiscal year 1974-1975 has shown an expansion of our staff to a marked degree. Staff increased from a total of thirteen to a total of twenty-eight including medical consultants and other part-time personnel, while facility space has been expanded in both the Conway and Kingstree offices.

There were a number of program additions during this year in Precare/Aftercare, Day Care Activity Groups, Drug and Alcohol Addictions, etc.

The use of local hospitals for inpatient services has given us the opportunity to provide emergency care and precare on a limited basis — a major step in supplying our catchment area with a full mental health program.

This year we again found that the demand for direct treatment services is steadily increasing. Direct services are now responsible for 62% of all staffing hours with no indication of diminution in the foreseeable future. We are meeting this demand, from both adults and children, with individual, marital, family and group treatments, within our program of services.

It is the continued goal of this Mental Health Center to emphasize consultation and education as a means of service delivery, with early detection of social and emotional problems, and prevention of "mental illness" as an ultimate goal. While the amount of time devoted to consultation and education during the past fiscal year decreased to 38% (against 50% for the previous year) due to increased direct services, it is still a vital part of our overall program and will continue as such in the future.

With the full use of our increased staff it is our intention to provide a competent, well-rounded program of services to our tri-county area. Plans for the future will be increased programs and services for children and adults, efforts will also be extended to develop inpatient, 24-hour a day, emergency services.

ORANGEBURG AREA MENTAL HEALTH CLINIC

During the fiscal year 1974-75 the number of services offered by the Orangeburg Area Mental Health Clinic has increased in number. The primary emphasis over the year as indicated by the Plan of Operation has been to develop specialized programs in the area of precare-aftercare, of drug and alcohol abuse, and consultation and education. Along with this, efforts have been made to more adequately collect fees for these services. Over the year there has been a significant increase in the staff time allotted and utilized for consultation and education as well as the staff time allotted and used for direct services. Included in this time of direct services and consultation and education have been attempts to coordinate services with other community agencies in reference to the patients and program planning for the Mental Health Clinic.

There have been significant staff changes since the fiscal year 1973-74 which reflect in the expansion of the services being offered by the Clinic as well as the type staffing patterns existent at this Clinic.

The Clinic has made several grant requests and, pending approval of these requests, there may be several positions which become available.

During this year, the Orangeburg Area Mental Health Clinic has continued to provide outpatient services, consultation and education, precare and aftercare services, and substance abuse treatment services to the counties of Orangeburg, Bamberg and Calhoun.

In keeping with the Plan of Operation for 1974-75, the staff of the Mental Health Clinic has continued to provide treatment services which have been requested. The treatment services rendered during this fiscal year have totaled 2,760 person interviews, 2,706 in-group interviews, with a total of 342 group sessions during the year. The in-person family interviews have totaled 194 since January, 1975, with a total of 45 family sessions. During the year there was a total of 663 admissions and as of the end of June, 1975, there was a total number of 613 active patients as compared to July, 1974, with a total number of 473 active patients. Consequently, the Clinic staff is seeing 140 more patients or approximately a 30% increase in the patient load at the Clinic. In addition to this, there was a total of 2,407 hours rendered for consultation and education services by the Clinic staff members.

The Plan of Operation for 1974-75 indicated that there was to be a 40% reduction of admissions to the State Hospital system; however, this objective was not achieved. There was little reduction but some of the reasons for this are due to the statistical base on which the admissions from our catchment area have been computed as well as the new admissions procedures which began in January, 1975. Another objective was to develop a working relationship with the Home Health Nurses so that they would be able to assist in the follow through with aftercare patients. This objective has been achieved as long as there is an appropriate treatment plan endorsed by a physician. Another objective was to have an alcohol treatment program to be actively serving 40 patients, which objective has been achieved; in fact, more than 40 patients have been serviced by the treatment program at this Clinic. Another objective in this was to develop supportive community programs which is being achieved by means of the development of an interagency council on substance abuse. Also, a defined objective was to develop a strong consultation and education program as well as liaison with a minimum of thirty clergy in the catchment area. During this time, a minimum of forty clergy have developed strong relationships with the Clinic and staff as well as actively almost 30 clergy being involved in consultation support groups.

Other objectives delineated by the Plan of Operation were an intense effort to increase the third party payments. The significant increase has been realized and over the past year approximately \$20,000 in fee collections have been achieved, resultant of the em-

phasis on third party payments. Also, the emphasis to upgrade services and staff is beginning to demonstrate its value by the quality of services as well as quantity of services which are being offered.

During this year, the Clinic has realized a much more balanced program as far as provision of services which has also seen a major increase in the amount of services provided to this three-county area. Significantly, satellite programs have been developed in the after-care services in both Calhoun and Bamberg Counties which are very active. All in all, this fiscal year has seen the Mental Health Clinic extend a broader base of services and a more balanced service provision to the catchment area than had previously been offered. This has primarily been accomplished by more adequately balancing precare-aftercare outpatient treatment and consultation and education services. In addition, the Clinic has been fortunate enough to have several U. Y. A. students serving in the precare-aftercare program to provide follow-up and activities for aftercare patients. Also, the Clinic has begun offering its facility and staff for student field placement to South Carolina State College and also the University of South Carolina.

In summary, this Clinic has experienced significant growing pains in view of the major growth of the number of demands being placed on the staff for services, yet the staff has effectively expanded the services provided to the community as defined by the community. Though this year has seen the development of many new programs, the staff limitations have precluded resolving many of the limitations which have been concerns of the community. However, the staff is continuing to make all efforts to resolve some of these problem areas, in spite of the resource limitations of the Mental Health Clinic.

PEE DEE MENTAL HEALTH CENTER

The Center has experienced its first full year of development and provision of comprehensive services.

The various units of service were organized as follows:

Outpatient Outreach. The creation of full time satellite outpatient services in Marion and Darlington Counties, and one-day-a-week services to the Lower Florence County area in Lake City.

Day Treatment. Regular 5-day a week partial hospitalization program, facilitating on the average of 20 patient participants in group, social and activity therapies.

Inpatient. An eight bed capacity intensive, short-term hospital service in Florence General Hospital. An average of 175 to 200 patient days per month is in evidence with anticipation of future growth.

Help Center. A cooperative program with the local Drug and Alcohol Abuse Commission and volunteer Hot Line, Inc. was developed as a comprehensive crises intervention service. This also includes the professional back-up on call system to provide immediate responses to psychiatric emergencies.

Pre-Care Screening and Aftercare. Impressive growth has occurred as the satellite units have developed individual aftercare programs. Contracts have been established with local physicians and hospitals for pre-care screening and prevention of state hospitalization.

Consultation & Education. Community service hours have more than doubled this year as the additional staff developed new avenues of workshops, inservice training and both individual and group consultation with community agencies.

Administration and Staff. Two full time psychiatrists have joined the staff bringing the total to 57. A Program Advisory Committee made up of Unit leaders and administrative personnel to facilitate inter-unit communication and cooperation. In addition, monthly total center staff meetings are in progress and an Education Committee formed to facilitate continued growth in staff development programs.

The Board of Directors' annual meeting highlighted the recognition of *all* those who helped in the establishment of the Pee Dee Comprehensive Mental Health Center.

SANTEE-WATEREE MENTAL HEALTH CENTER

This past year has been one of growth and change for the Santee-Wateree Mental Health Center. There have been a number of staff additions and departures. We have also continued to evaluate and refine our ongoing program, to develop procedures and to shift responsibilities and emphases. All with the aim of strengthening an already strong program.

In outpatient services, particularly within the component at Sumter, intake, evaluation and treatment teams have been established. Each team is responsible for walk-ins and intake appointments during certain portions of the week. The purpose underlying the team concept is to make outpatient services readily available to patients, to have the benefit of several staff professionals in determining the best disposition, to ensure a smooth transition for the patient into the proper service and to offer peer supervision and support under the direction of a team leader. Outpatient contacts continue to be heavy with 9,548 individual interviews, 4,241 group/family therapy interviews and 738 groups during the past year.

Inpatient services, already a well functioning unit, has been

strengthened with the addition of two staff members, a mental health specialist and a clinical counselor, to this unit. With these additions, more individualized attention is being given to patients, particularly to pre-release planning; better coordination between the Center services and the inpatient unit and development of a more varied program. There were 2,754 inpatient days over the past year. Admissions to the S. C. State Hospital continue to decline.

The Partial Care Service, working closely with the Aftercare staff, has expanded its day activity groups into the satellites. In Clarendon County, activity groups are being held two days a week and in Kershaw County, one day a week. Staff has been innovative in developing an exciting program, geared to meet the needs of the aftercare patient. Volunteers, under the auspices of the Mental Health Associations from the various counties, have helped to make this an effective program. The Partial Care program in Sumter has offered services at an increased rate with the addition of staff through the CETA program. There were 4,147 individual/days over the past year.

Consultation and Education Services have increased with 55 regularly scheduled consultation contracts. These services have totaled 2,338 staff hours. Consultation and Education Services, upon request from agencies and groups, are conducted by the total staff.

With the loss of the director of the Clarendon County satellite, services were temporarily reduced. However, with six staff members from the Sumter component regularly going into that office, we have been able to continue a strong program. The office moved during the spring into a new building furnished by the Clarendon County Commission. The program in Kershaw County has continued to increase services, also moving into new quarters built through a federal construction grant. The Lee County satellite remains the smallest of the satellite programs with services available one day each week. However, there are plans to renovate quarters and to expand services to full time clinic status.

The Children's Service is still in its infancy. An experienced staff member with skills in administration and program development has been hired to expand and sharpen this program. It is planned that the Children's Service will be a fully staffed, consolidated program by this fall. A therapeutic day camp for 20 children was operated during the latter part of the summer, 1974. An expanded camp is planned for the summer of 1975.

Fiscally, the Center continues to operate under sound management, and as a result, has a firm financial base.

SPARTANBURG AREA MENTAL HEALTH CENTER

First of all, it looks as if at long last, we are going to be able to open the third shift. We feel that this will be something of a pilot program for the whole state. It will enable us to markedly strengthen our emergency service from midnight to morning as well as enable us to build a very real treatment program during the second shift. From five to twelve has been more of a crisis intervention emergency service than anything else — with some group meetings scheduled a good part of which have been alcohol and drugs centered. Actually, the second shift may become our most productive treatment shift if we handle it correctly.

Speaking of the alcohol and drug program, there's been a rather marked strengthening during the past year with a more active on-going component operative on the in-patient unit. A shift in personnel has formed the nucleus of what we hope to develop into an enlarged combined alcohol and drug-law enforcement agency program with a grant application being written in that direction.

With regards to the emergency service, the center has joined hands with the community in working towards a "hot-line" which may or may not be located in the Mental Health Center. In many ways it would seem to be an ideal location as a professional would be present at all times to assist the volunteers.

Under the aegis of the Alcohol and Drug Commission, the sub-acute detoxification unit is supposed to open come October in the old Mountainview Nursing Home. We never have been able to work out a good functioning relationship with this commission. It remains to be seen how much of our detox work can be turned over to that unit. Certainly we'll try to sift through and continue with the per cent of alcohol and drug problems who appear to be more likely candidates for a follow-up treatment program.

We continue to need more space. One of the most urgent problems has to do with holding rooms. The two that were built in the emergency unit at the General Hospital are quite unsatisfactory for a number of reasons but at least they are used from time to time. It would be much better if we could have rooms constructed at the Mental Health Center and we are going to explore the possibility of Revenue Sharing Funds adding four or five such rooms adjacent to our partial hospitalization unit.

Pre-care and after-care units are quite busy. The 72 hour emergency service utilization in the emergency unit has proved of considerable benefit. We get into some complications about what happens at the end of three days if the patients aren't able to be removed from the hospital but certainly the 72 hours is more on the positive side of a "mixed blessing."

Two IPR groups were conducted for a good part of the past year. They have been extremely useful relative to staff growth and development. The Center Director has started spending one hour a week with those staff members who are interested in developing their skills relative to intensive therapy in depth which of course is the cornerstone of any therapeutic contribution.

Social work students, nurses, clergymen and family practice residents have spent time with us as part of their training program. There was also an active contribution offered the Wofford students during their interim.

The industrial program is sort of "in limbo." We continue to work towards further implementation.

As far as economics were concerned, we clearly recognize that come the end of 75-76 there will have to be continued federal backing or increase in state funds for the center to continue to operate, regardless of our best efforts to self-support.

TRI-COUNTY MENTAL HEALTH CENTER

With the smallest budget and smallest staff in CMHS, our fulltime staff of eight professionals and five secretaries kept three county offices open on a full-time, five day a week, basis. Our clinic program priorities were: 1) Direct outpatient treatment, and 2) Consultation-Education.

Our new Precare Screening Program resulted in 189 Precare screening interventions, 13 crisis hospitalizations, and a reduction of state hospitalizations by over 10%. Three county hospitals and eleven physicians assisted our staff and one designated examiner.

Aftercare clients constituted 48% of all open cases. Aftercare serves monthly 180-195 clients over four locations and two full days. Aftercare remains our largest outpatient treatment program with all staff involved in this service to the chronic client. Office admissions increased by 26% over last year. Our census was 546 on June 30.

Consultation-Education staff hours increased by 52% over last year. Our hospital consultation program made consultants available to physicians and clients in all three county hospitals. Two nursing homes and two boarding homes received our consultants. Outreach has become a way of working.

Our visibility was heightened by numerous public talks, newspaper articles, weekly WBSC radio spots, and *Data and Dialogue*. All staff assisted their mental health associations during May.

The walk-in concept made crisis intervention and treatment available to clients without an appointment and without delay. Evening hours and after-hours service were implemented. Activity groups,

TA, and marital counseling were in great evidence. Person-interviews were 45% higher than last year.

A toll-free hotline for local physicians put them in consultation with a psychiatrist at the William S. Hall Institute on a 24 hour basis. The medical community (local physicians and state hospitals) remained our most frequent referral source for clients. Medicaid clients doubled during the year. Law enforcement referrals, self-referrals, and family referrals were more evident. The designated examiner program is in full operation.

A Records Project improved all record-keeping and content. A Staff Development Grant allowed all professional staff to receive training in crisis intervention for a second year. Workshop attendance was good during the year.

1974-75 was the most productive year in over-all service delivery during the Center's ten year history.

Stronger links with the Central Office made for beneficial and cooperative liaison relationships. Good relationships developed with Unit IV of SCSH.

YORK-CHESTER-LANCASTER MENTAL HEALTH CENTER

This has been a very active year for us in our programming. Beginning July 1, 1974, we began receiving a Federal Staffing Grant that enabled us to become comprehensive in number of services and broaden our scope of services offered. With the aid provided by this Grant, we have established a partial hospitalization program, an identifiable consultation and education program, a system of inpatient care, although we do not have an indetified unit for inpatient services at this time, and twenty-four hour emergency services. Thus far, these services have been initiated, established, and are functional, at least to a minimal degree.

In addition to the development of the above mentioned services, full-time satellite programs have been developed in both Lancaster and Chester Counties. In Lancaster there are three full-time employees on our budget, and one from CETA funds. In Chester there are three full-time employees, all of whom are on the Center budget. This satellite program has proven to be very beneficial to our total programming.

Precare and aftercare services have continued to grow. There has been a full-time coordinator of that service during the entire fiscal year. Part of the services offered within the precare realm has been temporary local hospitalization; we have agreements with all four hospitals in our catchment area indicating a sufficient level of cooperation so that the local temporary care can be effected. This has prevented a number of hospitalizations at our State Hospital.

Our field placement program for undergraduate Winthrop students who are enrolled in a field-work curriculum has continued and has progressed well. It serves the benefits of the students who are further encouraged by their experience with us to further their education and training in the field of mental health.

Our volunteer services have increased, especially since the number of persons who are involved as volunteers has increased. Volunteers are used primarily in the activity therapy portion of our partial hospitalization program as well as in the activity portion of day treatment and related services. We have found that this has been a preparatory field for employees in that area; in three instances volunteers have become employees.

During most of this fiscal year much time was devoted to the realization of working plans for our new building which is to be constructed in the near future. Presently we anticipate construction will begin in late September or early October, 1975.

Our staff has now grown to a total of 23 employees, with an additional 5 employees who are hired from CETA funds. Also, we have one person who is paid from Man Power funds. Needless to say, problems are ever-present in integrating a large number of new staff into a service delivery system in a relatively short period of time. Nevertheless, progress has been realized and is continuing.

DIVISION OF ALCOHOL AND DRUG ADDICTION

OFFICE OF DIRECTOR

During the past year, we have been able to increase the effectiveness of our existing staff and programs through experience, training, and evaluation. Because of construction delays, the number of persons employed has remained stable for the past twelve months. Consequently, when the move to the new Center is accomplished, the degree of expertise and professionalism in personnel and programs shall be significantly increased. This has also been evidenced by the increasing numbers of student placements within the Center, as well as by the increased demands upon our staff to participate as faculty members and workshop leaders in related programs throughout the state.

Our follow-up program which was funded through grant monies has been successful in providing us with a wealth of information on patients discharged from the program. This information in turn is being utilized to provide additional evaluative studies on the various

program components. We hope to be able to maintain and expand this program as we move into the larger facility, since it is a valuable service to the Center as well as to many of the former residents.

We have seen increased cooperation between the Center and the multiple referral and treatment programs and agencies within the state. Individual staff efforts, a strengthened aftercare program and our beginning outreach programs have significantly contributed to this.

Treatment teams have now had the experience needed to function as units serving designated catchment areas. These interdisciplinary teams are providing group therapy and individual counseling services for all patients and individual psychotherapy for those needing this treatment modality. There also has been an increasing involvement in multiple types of therapeutic activities, and increasing involvement in family therapy as well as AA and NA programs.

Our organizational structure, philosophy, objectives, methodology, and individual staff roles have been studied, reviewed, and implemented to provide an effective operation and delivery of services.

Of considerable significance is the lessening of financial concern and liability for many of the patients and their families as a result of successfully contracting with D.S.S. for supporting monies during the patient's hospitalization. For many patients, they have been discharged from ADAC without additional indebtedness as a result of this service.

Our Criminal Justice Services have been able to establish a cooperative relationship with the courts throughout the state as a result of the assistance they have provided in many individual situations.

Our staff members are now all looking forward to the ensuing year and the continuing expansion of services they will be capable of providing in the new and larger facility.

PROGRAM DEVELOPMENT AND TRAINING MANAGEMENT

A. Program Development

The Office of Program Development and Training Management continues to remain quite sensitive to new program ideas and development of those ideas for inclusion into the larger programming so that significantly improved service delivery might take place on behalf of alcohol and drug abusers. The program approach at the S. C. Alcohol and Drug Addiction Center is still that of a pilot program, which is to say that the programming remains quite flexible

and has changed in a number of ways during the past year. Among the more significant changes were a large number of additional developments which will be further explored through the following information.

Recently, the Office of Program Development and Training Management was notified that the Addiction Center had received a \$9,600 grant for the acquisition and application of *bio-feedback equipment* to the rehabilitation efforts of chemical abusers. The equipment gained through this grant will be used to accomplish the following goals: (1) identify problem areas which are directly related to a rise in anxiety of the patient, (2) identify physiological dysfunctions which are specifically related to the psychosomatic complaints, for example, migraine headaches, gastric disturbances, muscle spasms, and backaches, (3) identify life areas which produce painful thoughts and emotions, (4) develop conscious muscular relaxation and (5) elements of the patient's once again gaining a measure of self control through self manipulation of his own physiological processes. Further, some of the more significant therapeutic goals will be to develop positive self concepts through learning to control bodily functions; break down defenses of the individual in order for him to confront the problems at a conscious level; develop relaxation procedures; control somatic complaints as they relate to emotional problems; and to develop a means alleviating tension and possible insomnia. Needless to say, the Addiction Center staff is quite interested in getting this project under way and also evaluating the same in terms of extended patient care.

Another significant addition to our total program is the component of *Family Planning*. The need for family planning has long been identified as a significant area in which a number of our patients have a great deal of difficulty and lack of specific information. Family planning has also been overlooked or simply neglected in many treatment programs throughout the United States. Yet, the literature contains an abundance of studies which indicate the need for family planning information and services. In light of the above the S. C. Alcohol and Drug Addiction Center has developed an ongoing program of family planning information, education and referral. The objectives of the program are to provide residents with (1) basic information concerning family planning attitudes and techniques, (2) an opportunity for family planning, education and counseling, including the spouse if and when appropriate, and (3) an effective referral to an appropriate community based family planning agency.

Another significant program component addition is that of the *Admission/Detoxification Procedure* for all new admissions. The central core of this detoxification/orientation program is comprised of

(1) admission, (2) medical detoxification and (3) an interdisciplinary treatment team staffing. These facets of the program are combined with an orientation component which seeks to provide incoming residents with information and/or programming with regard to the entire Addiction Center rehabilitation process, aftercare services, and other health related services. Much of this orientation program then is built upon materials presented in the forms of video tapes, 16mm films, printed materials and personal presentations by various staff members. The entire detoxification/orientation procedure takes place during the first 5 to 7 days of a person's admission. It is during this period that the incoming patient may experience the greatest sense of anxiety and personal discomfort as he moves toward a chemical free situation; thereby requiring a concentrated program of orientation and treatment.

Continued delays in the opening of the new Center during the past year caused us to evaluate our staff needs quite closely and to *accelerate* our *total training effort*. An important part of this accelerated training effort was that of community based training efforts which resulted in the placement of a sizeable number of staff throughout the South Carolina Department of Mental Health facilities and also community based agencies as well. During the year some 26 to 28 staff members spent anywhere from four weeks to eight weeks average in these training rotation opportunities. These training placements range from placement of some of our staff in SCDMH Technical Support Services, Staff Development, and S. C. State Hospital, to Pre-Trial Intervention, Mid-Carolina Council on Alcoholism, Planned Parenthood, and one representative to the Gasque Committee. The dividends derived from these training periods range from increased knowledge, skill and competence on the part of some staff to the development of an entirely new program component as a result of specific training as in the example of the Planned Parenthood training rotation.

A *Resident Handbook* has now been completed and is given to each incoming patient here at the Addiction Center. This handbook is comprised of general information which ranges from the operation and treatment program here to a full set of rules and regulations which the residents are required to follow. The Resident Handbook has been well received by both residents and staff in that it does represent a solid compilation of a number of Center related pieces of information which serve as a ready reference to the Center as an agency and the program which we promote.

During the past six to seven months all of the chiefs of the several departments have been meeting periodically in a *Program Workshop* which was designed to systematically examine and further develop

our overall program as well as to develop a formally coordinated program statement. This series of meetings not only served to bring the chiefs of the various services more into a singular approach to the total programming effort, but also allowed each of these major staff persons to contribute maximumly on behalf of his or her staff and the discipline from which they come. The time was well spent in that the Addiction Center now has a formally coordinated program effort in an overall program structure which results in each department more effectively planning its own departmental structure and contributions to resident service.

One of the most significant program components which was developed during the past year was that of the *Catchment Area Treatment Design*. The basis for the catchment area design is the subdividing of the state into four somewhat equal catchment areas in terms of the populations which are admitted to the Addiction Center. These catchment areas are then matched with an appropriate treatment team whose members are quite familiar with the resources and personnel which are available for continued treatment within the given catchment areas. Each of the treatment teams are in turn responsible for a set number of cottages and, of course, a given number of residents who are housed in those cottages. The evaluation of the catchment area concept is that it does lend itself to a unified system of involving patients in the total program in a systematic manner and also involving staff members with resources in the home community in a significant manner. This pilot program of the catchment area design is already in operation at the Addiction Center and will become fully operational at the point at which we move into the new Center.

The South Carolina Alcohol and Drug Addiction Center continues to be a *field placement training agency* for a number of programs throughout North and South Carolina. For example, four ministers spent three months, June to August 1975, obtaining a basic unit of full time Clinical Pastoral Education. This program is available as a learning experience for parish clergymen and seminary students as well. These students were involved in pastoral care experiences and were trainees in the group psychotherapy process with people who are addicted to alcohol and other drugs. The Addiction Center has also sponsored a program in recreation therapy internships this summer and one student from Carteret Technical Institute in Morehead City, North Carolina had quite a positive experience in this internship program. Carteret Technical Institute has a two year recreation leadership program which requires a field work placement of 400 hours upon completion of course work. The Addiction Center has also sponsored a Physician's Assistant (MEDEX) from the

Medical University of South Carolina, Charleston, South Carolina. This year was the first year that the Addiction Center had participated in with the MEDEX program. We are, of course, looking forward to expanding this program during coming years. One of our staff members has also completed the M.E.T.C.O.R., Incorporated, Alcoholism Counselor Training Program in May of this past year. The METCOR, Incorporated Program is a health sciences management firm of Washington, D. C. under contract with the National Institute on Alcohol Abuse and Alcoholism. The purpose of this program is to train those recovering alcohol-dependent individuals, which have been incarcerated in penal institutions for other than minor offenses, for positions as alcoholism counselors and alcohol-related treatment settings. The Addiction Center is also serving as a field placement site for a second year psychiatric resident from the William S. Hall Psychiatric Institute. The intent of this program is to give the psychiatric resident an extended block of time to participate in experiences which are program related to chemical abusers and also to become familiar with community resources which also impact the rehabilitation process. The Addiction Center continues to function as a field training site for the School of Social Work, University of South Carolina. The office of Social Work Service had two graduate level students during the past year and this arrangement proved to be quite a productive one for the students involved.

Numerous staff members have spoken to *academic and civic groups* throughout the past year. In order to more effectively communicate the ADAC message of rehabilitation and community involvement in our referral system, the "Road Show" was developed. The "Road Show" is a slide/script presentation which clearly demonstrates the treatment cycle which begins with a referral from the community, continues through our entire Center treatment process and terminates with ADAC referral back to the community-based aftercare resource. This program was developed largely through the continued effort of the Office of Aftercare Services and the Office of Program Development and Training Management.

B. Training Management

The South Carolina Alcohol and Drug Addiction Center has provided and participated in a number of training experiences since the last report. Plans continue to expand the scope, quality and content of training programs for both the center staff and community based professionals and para-professionals and other appropriate persons.

Training opportunities provided and/or participated in during the last report period include:

I. *Group Leader's Training*: In addition to the on-going training program for Group Therapy Leaders, the center continues to provide systematic and regular evaluation and supervision for persons at all stages of professional development ranging from training observers to primary leaders. Such evaluation and supervision is designed to identify the individual's strengths and weaknesses, sharpen therapy skills and identify specific training needs for future professional growth and development.

On-going training sessions have included a workshop on Basic Issues in Group Therapy, a Seminar in Gestalt Therapy, an eight hour and a 40 hour experiential workshop in Gestalt Therapy and workshop sessions ranging from ten to twenty-five hours in Group Therapy Techniques.

II. *Addiction Specialists Training*: An on-going program of training and development provides for periodic visits to the addiction center by addiction specialists based in community mental health centers, and is designed to provide opportunities for personal and professional growth and development.

III. *Internships and Field Placements*: The addiction center has provided opportunities for internships for graduate students in Social Work and Pastoral Care Education, as well as field placements for several undergraduate students from Midlands Technical Center, Newberry College and the University of South Carolina. At the writing of this report arrangements have been completed to provide a field placement experience for a second year resident in psychiatry from William S. Hall Psychiatric Institute. Plans are currently being developed for additional on-site placements for additional disciplines.

IV. *Seminar in Individual Therapy*: A six week seminar in Individual Therapy was provided for staff interested in sharpening therapeutic skills.

V. *Seminar in Assertive Training*: Several six week seminars in Assertive Training have been provided for staff. Individuals trained in Assertive Training will subsequently be providing group experiences for residents.

VI. *Seminar in Anxiety Management*: A six week seminar in Anxiety Management was provided to train staff to offer subsequent resident groups in the techniques of anxiety management.

VII. *A Sociological Perspective on Addiction*: An intensive three day training session was provided to focus attention on the sociological perspective of the addiction process.

VIII. *Schools, Conferences and Workshops*: The staff of the addiction center has participated in a wide range of schools, conferences and workshops. Several center personnel have been included on the faculties and led workshops, while others have at-

tended as participants. Among those participated in by ADAC staff include:

1. *South Carolina School of Alcohol and Drug Studies.*
Participation by staff ranged from Group Leaders and presentation of papers to conducting workshops and leading a thematic seminar in Group Therapy.
2. SCCADA Community Service Seminars
3. Concept 75
4. South Carolina Hospital Association Annual Meeting
5. Medical Audit Team Seminar
6. American Personnel and Guidance Association Annual Meeting
7. Second National Conference on Alcohol and Drug Education
8. Regional Meeting, Association for Clinical Pastoral Care Education
9. Southeastern School Alcohol Studies
10. Southeastern School Drug Studies
11. Governor's Conference on Leisure
12. MUSC Workshop: Nursing Care Planning

IX. *Inservice Training:* Since last report, a wide range of inservice training opportunities have been provided for the staff of the addiction center. Among the topics covered are included:

1. Humor as a Therapeutic Tool
2. Emergency Procedures
3. Fair Employment Practices
4. Pills Plus Booze
5. Sex Role Scripting.

REGISTRAR

During this year many changes and improvements continue to be made in this division. We have added three persons to our staff. Two in the Admission Office and one in the typing pool.

In the Admission Office many changes have been made in regard to the Personnel and Patient Location System developed by Technical Support Systems. The admission personnel enter on a daily basis patient data at the time of admission and at the time of discharge. We now have a computerized Admission and Discharge Sheet which is a result of the patient data entered into the computer. We are also able to obtain from our own Printer lists of requested patient data.

The Medical Record Department continues to be concerned with the improvement in quality and quantity of material contained in patient records. Increased documentation of medical records is required for (1) accreditation, (2) Department of Social Services reimbursement, and for (3) effective program evaluation. A medical

record policy was formed during this year for the patient records at the Center.

A weekly bulletin for the Center is now being printed. The bulletin is presently handled thru the medical record department.

NURSING SERVICE

Staffing for 1974-75 has been very adequate with coverage by licensed personnel around the clock. Nursing Service at the present time consists of seven (7) RN's, three (3) LPN's, ten (10) Mental Health Assistants, and one (1) Clinical Counselor.

The past year has been very beneficial due to nursing staff members involvement in the rotation plan. This plan gave us tremendous input in regard to knowledge gained concerning other state agencies such as Pre-Trial, Planned Parenthood, Occupational Therapy, and other addiction programs. We gained growth in providing better care and formulating workable plans for now and later use in the new center.

SOCIAL WORK SERVICE

The Social Work Service Department, which includes the Family Therapy Program, is staffed by three Master's Degree Social Workers, three Social Workers I and one Addictions Counselor. This is an increase of one staff member over last year which has allowed more effective and thorough coverage of four multidisciplinary treatment teams.

In addition to providing more direct services to residents and families, this year found us quite involved in training and teaching. Various departmental staff assumed these responsibilities for undergraduate and graduate students in social work practice. Numerous staff have also participated as faculty members during the most recent South Carolina School on Alcohol Studies. Also of note this year is the completion of our Policy and Procedure Manual.

In general, the past year has been both productive and progressive. Plans continue to be made for expansion of services and recruitment of additional staff.

FAMILY THERAPY GROUP PROGRAM

Activity for the period June 1974 to June 1975 was excellent for the Family Program. The program is trying to re-establish lines of communication between chemical abusers and Families, plus working out a consistent approach at After-Care Treatment for Families and Residents.

During the year ending 1975, 208 Family Group Sessions were held, consisting of 516 Families; 52 After-Care Couples Groups were also held at ADAC. Five hundred and four Adolescent Residents attended 52 sessions of Narcotics Anonymous, and 1,456 Residents attended Alcoholics Anonymous, plus a total attendance of 416 former Residents returned to ADAC for AA meetings as their After-Care Treatment Plan.

ALCOHOL AND DRUG ADDICTION CENTER VOCATIONAL REHABILITATION

The Vocational Rehabilitation program was established as an adjunct to the Alcohol and Drug Addiction Center in July, 1972. It complements the existing treatment program for people who have difficulty in controlling their chemical use and helps return them to gainful employment. During this past year 350 residents were referred for Vocational Rehabilitation services, with 307 being accepted. The services of counseling and guidance, vocational evaluation, personal adjustment training, training for various vocations, placement in employment, and financial assistance to aid in job stability, were given these residents accepted for Vocational Rehabilitation services.

Since receiving the Singer Evaluation System and the Singer Adjustment System from the Alcohol and Drug Addiction Center it is felt the residents are receiving much more effective services. With the addition of the Jewish Vocational Evaluation System in 1975-76 it is felt that the residents will receive the most proficient and effective vocational services possible.

PSYCHOLOGY DEPARTMENT

The department has been active in writing a policy manual for psychological services at ADAC. The Acting Chief had had two recent publications — one publication is in the *Journal of Social Psychology* and the other in the *Journal of Psychiatric Nursing*. Two staff members are presently investigating drug trends among college students.

ACTIVITY THERAPY

The previous year has been one of growth and change for the activities therapy section of the Addiction Center. The staff size has doubled with the hiring of two registered therapists in therapeutic recreation and several other highly qualified staff for general activities. This increase in staff has allowed for more individualized

treatment and expanded coverage for evenings, week-ends and special events.

The therapeutic recreation section of Activity Therapy is charged with offering alternatives to abuse. We seek to show residents how to have fun and develop as human beings without the use of chemicals. To this end we have established a leisure counseling program of individualized treatment designed to meet specific goals. Leisure Counseling involves a therapist gaining knowledge of the environment to which a resident will be returning and structuring treatment so that specific useable skills and competencies will be acquired. These skills and competencies will vary according to ability, age, interest and several other factors. The important thing is that each resident participates in this growth process.

In addition to the leisure counseling emphasis we have added a training program for therapeutic recreation students. Our first student arrived in June and will remain at the Addiction Center for ten weeks. The training program is designed to offer a clinical experience to students just completing their college studies. The opportunities for students to gain experience in the addiction field have been severely limited and the development and expansion of this program should help to fill this void.

The arts and crafts section has also seen an increase in available activities this year. These creative crafts are valuable to addiction Center residents because many are older and unable to participate in the more active recreational offerings. They offer a means for self-expression and success experiences. While some are required of all residents (ceramics), many more are offered on a voluntary basis.

This method of exposure tends to make residents more relaxed during participation and, therefore, enhances the opportunity for a therapeutic experience. Examples of crafts used are macrame, leather tooling, needle craft, rug hooking, painting, tile craft and others.

CHAPLAINCY

During the past year, the Alcohol and Drug Addictions Center's provisional accreditation as an accredited clinical pastoral education center was renewed by the Association of Clinical Pastoral Education, Inc. for another year. After we move to the new Center, we will seek full accreditation. During the summer of 1975, we have four Chaplain trainees in our Clinical Pastoral Education program — a Unitarian minister from Berkeley, California, a Lutheran from Tampa, Florida, a Lutheran from Atlanta, Ga. and a Methodist from Columbia, South Carolina.

As in the past, the Department of Chaplaincy has been involved in a broad span of clinical services. This includes initial pastoral visits with new admissions; conducting individual, group and family therapy with both staff and residents; conducting worship services; working with community clergy; as well as teaching in the S. C. School of Alcohol and Drug Abuse.

During the past year, the Director of Chaplaincy assumed additional duties as acting Director of Professional Services. In this role, he was involved in staff supervision, planning for the new Center, as well as supervising the Center's treatment program.

Chaplaincy is looking forward to the time when we move to the new Center and expand the Chaplaincy staff. At that time more services as well as more intense Clergy training can be accomplished.

CRIMINAL JUSTICE UNIT

Over the past year, the Criminal Justice Unit has continued to grow in size and responsibility. During the fiscal year 1973-74, an Office of Criminal Justice Program Grant of \$68,000 was awarded and has partially funded the Criminal Justice Unit. Through this funding, the Criminal Justice Unit has added to its staff one criminal justice counselor and one secretary. The new additions to the staff have increased its capacity to provide a more comprehensive program for offenders who have chemical abuse problems.

During the past fourteen months, over 250 referrals have been made to the Criminal Justice Unit by various legal disciplines in order to provide treatment for chemical abuse problems, and hopefully, an alternative to incarceration.

A recent follow-up study of Criminal Justice referrals has shown a recidivism rate of only 17.3% (based on incarceration of new charges, arrested with pending charges, and probation and parole violations). Approximately 115 of the Unit's clients have not reentered the criminal justice system and presently have no legal obligations.

Statewide liaison with law enforcement, courts, correctional agencies, the S. C. Probation and Parole Board, solicitors, and attorneys has continued as an integral part of the Unit's program.

Additional functions of the Criminal Justice Unit include attendance at trials, hearings, or other judicial proceedings upon request, as well as a treatment team progress report to the appropriate legal agency upon the client's discharge. Ongoing criminal justice counseling is also provided for the client in order to resolve pending legal matters and insure his continued involvement in the therapeutic process at the Addiction Center.

It has become apparent that criminal sanctions are frequently

ineffective in the rehabilitation of alcohol and drug addicts. The Criminal Justice Unit, through outreach, counseling, and court support services, is providing treatment as an alternative to incarceration of offenders who have chemical abuse problems.

RESEARCH AND EVALUATION

For the year 1974-75 the Research and Evaluation Component of the Division of Alcohol and Drug Addiction completed another twelve studies as in the year 1973-74. These studies either attempted to evaluate the overall ADAC program, evaluate a specific program, or revalidate previous studies. The scope of research/evaluation projects included addicts' demographic variables, self-actualization, ward behaviors, community functioning, suggestive therapy, neural efficiency analyzer, open-closed group settings, and reactions to treatment. All of these studies aid in broadening the staff's knowledge of addiction and in improving their daily contacts with patients. Two of these studies have contributed to the profession through publication.

AFTERCARE SERVICES

This year has been filled with anticipation, planning and accomplishments for Aftercare Services. Almost all of the fourteen mental health centers each now has an addiction specialist funded by ADAC. The funding and filling of these positions ensure the existence of trained personnel around the State to receive referrals for aftercare therapy from ADAC's in-patient program. All patients who leave the Center have an initial appointment for aftercare therapy with the community mental health center's addiction specialist, or a counselor in the local Council/Commission on Alcohol and Drug Abuse, or the appropriate personnel in other government-supported agencies.

Aftercare Services has also begun a short-term aftercare therapy program at ADAC. This program is aimed at bridging the gap between the Center and the community by offering aftercare therapy here at the Center through the period of transition while the ex-resident readjusts to home, work and community; the ex-resident is then referred to community-based aftercare therapy.

In addition to the usual methods of following the progress of released patients (mail, telephone calls, and feedback for Addiction Specialists), a grant for expanding follow-up has allowed for the employment of personnel specifically to initiate a more comprehensive program. This program was aimed at promoting continuation of therapy through aftercare at the community level and, when indi-

cated, early reintervention into treatment if chemical abuse again develops. The grant has also allowed for the gathering of data for determining program effectiveness both in-patient and aftercare, and documentation relating to the necessity for changes and additions in treatment programming.

Aftercare Services has begun developing an Outreach Program. This program will be aimed at educating personnel for other agencies, members of civic groups, and various community groups around the state as to the services available at ADAC and where ADAC fits most effectively in the treatment continuum.

DEPARTMENT OF ADMINISTRATIVE SERVICES

This was a year of continued preparation for the move to the new Center. Additional vehicles were brought into the system. Supplies and equipment for operation of the new facility were purchased, received and stored.

FOOD SERVICE

Food Service continued experimentation and evaluation of food systems used by institutions throughout the country. The 3M Modular Food Serving System was procured and evaluated at the Center for six (6) months. As a result of these evaluations this system will be procured and installed in the new Center when it opens.

SECURITY

The Security Division continued its duties of law enforcement, fire and safety and particularly protection of residents from the introduction of chemical substances into the Center.

New procedures were adopted to comply with new legislation and court rulings to insure maximum protection with due regard for the personal and civil rights of all concerned.

New members of the staff were sent through the SLED basic course and other members attended advanced courses and Breathalyzer refresher courses.

DIRECTOR

The continued delay in the completion of the new Center caused problems with the relations between the Alcohol and Drug Addiction Center and referring agencies. It had been anticipated that the new 186-bed facility would be open and the waiting list for patients would be eliminated or minimized. Physicians, Clergy, Judges and others who wanted immediate admission of patients could not be accom-

modated. Much of the Director's time was spent in public relations work explaining this problem.

A professional staff was assembled to provide basic services coverage for the 186-bed facility. With the continued delays in opening, it was decided that rather than dissipate the staff that this time could be used for training — 28 members of the staff received on-the-job training at such places as Richland County Family Court, Hall Institute, South Carolina State Hospital.

Total			Patients on books at beginning of hospital year		
4844	5172	5260	In hospital		
1035	1048	973	On Conditional Discharge or otherwise absent		
5809	5224	5287	Total		
3789	4035	4134	Admissions during twelve months:		
3160	3881	3730	First admissions		
727	712	752	Readmissions		
8126	9058	9158	Total received		
13056	13631	13672	Total on books during twelve months		
6046	5966	5880	Discharged from books during twelve months		
458	509	430	Died during twelve months		
217	212	158	Transferred out		
7608	7285	7252	Total reported		
4584	5034	5180	Patients remaining on books at end of hospital year		
125	42	80	In hospital		
4459	5067	5260	On Conditional Discharge or otherwise absent		
4584	5156	5458	Daily average in hospital		
865	485	410	Conditional Discharge Granted		
519	145	377	Left without permission		
734	580	478	Returned		
1367	1614	1779	Regular discharges		
1222	1362	1507	Technical discharges		
1244	623	805	Types of admissions:		
801	356	445	Voluntary		
1277	646	915	Medical Certification, Non-Judicial		
32	17	15	Medical Certification, Emergency		
888	34	225	Judicial		
1	1		Court Order		
8	3	2	Order of Governor		
371	502	180	Order of Mental Health Commission		
4819	4916	5002	Total		

HOSPITAL SERVICES

GENERAL STATISTICS

FY 1974 - 1975

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	2569	2275	4844
On Conditional Discharge or otherwise absent	977	1048	2025
Total	3546	3323	6869
Admissions during twelve months:			
First admissions	1724	1035	2759
Re-admissions	1279	881	2160
Transferred in	125	112	237
Total received	3128	2028	5156
Total on books during twelve months	6675	5351	12026
Discharged from books during twelve months	3980	2966	6946
Died during twelve months	220	206	426
Transferred out	125	112	237
Total separated	4325	3284	7609
Patients remaining on books at end of hospital year:			
In hospital(s)	2260	2024	4284
On Conditional Discharge or otherwise absent	89	43	132
Total	2349	2067	4416
Daily average in hospital(s)	2438	2156	4594
Conditional Discharges Granted	410	455	865
Left without permission	377	142	519
Returned	474	250	724
Regular discharges	2779	1614	4393
Statistical discharges	1201	1352	2553
Types of admissions:			
Voluntary	892	652	1544
Medical Certificate, Non-Judicial	445	356	801
Medical Certificate, Emergency	925	648	1573
Judicial	15	17	32
Court Order	555	34	589
Order of Governor		1	1
Order of Mental Health Commission	5	3	8
Other	166	205	371
Total	3003	1916	4919

SOUTH CAROLINA STATE HOSPITAL

GENERAL STATISTICS

FY 1974 - 1975

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	1219	976	2195
On Conditional Discharge or otherwise absent	641	672	1313
Total	1860	1648	3508
Admissions during twelve months:			
First admissions	1097	494	1591
Re-admissions	879	536	1415
Transferred in	33	26	59
Total received	2009	1056	3065
Total on books during twelve months	3869	2704	6573
Discharged from books during twelve months	2621	1744	4365
Died during twelve months	37	43	80
Transferred out	52	48	100
Total separated	2710	1835	4545
Patients remaining on books at end of hospital year:			
In hospital(s)	1085	837	1922
On Conditional Discharge or otherwise absent	74	32	106
Total	1159	869	2028
Daily average in hospital(s)	1185	911	2096
Conditional Discharges Granted	255	282	537
Left without permission	312	109	421
Returned	363	190	553
Regular discharges	1850	903	2753
Statistical discharges	771	841	1612
Types of admissions:			
Voluntary	371	318	689
Medical Certificate, Non-Judicial	295	192	487
Medical Certificate, Emergency	729	450	1179
Judicial	6	11	17
Court Order	521	32	553
Order of Governor		1	1
Order of Mental Health Commission	5	3	8
Other	49	23	72
Total	1976	1030	3006

CRAFTS-FARROW STATE HOSPITAL

GENERAL STATISTICS

FY 1974 - 1975

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	1090	1143	2233
On Conditional Discharge or otherwise absent	263	337	600
Total	1353	1480	2833
Admissions during twelve months:			
First admissions	231	225	456
Re-admissions	158	165	323
Transferred in	23	32	55
Total received	412	422	834
Total on books during twelve months	1765	1902	3667
Discharged from books during twelve months	623	694	1317
Died during twelve months	163	146	309
Transferred out	40	35	75
Total separated	826	875	1701
Patients remaining on books at end of hospital year:			
In hospital(s)	928	1021	1949
On Conditional Discharge or otherwise absent	11	6	17
Total	939	1027	1966
Daily average in hospital(s)	1005	1076	2081
Conditional Discharges Granted	135	169	304
Left without permission	30	12	42
Returned	68	42	110
Regular discharges	274	224	498
Statistical discharges	349	470	819
Types of admissions:			
Voluntary	76	84	160
Medical Certificate, Non-Judicial	106	127	233
Medical Certificate, Emergency	173	171	344
Judicial	8	6	14
Court Order	25	1	26
Order of Governor			
Order of Mental Health Commission			
Other	1	1	2
Total	389	390	779

WILLIAM S. HALL PSYCHIATRIC INSTITUTE

GENERAL STATISTICS

FY 1974 - 1975

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	39	52	91
On Conditional Discharge or otherwise absent	28	39	67
Total	67	91	158
Admissions during twelve months:			
First admissions	157	254	411
Re-admissions	86	134	220
Transferred in	29	32	61
Total received	272	420	692
Total on books during twelve months	339	511	850
Discharged from books during twelve months	273	431	704
Died during twelve months	1		1
Transferred out	15	27	42
Total separated	289	458	747
Patients remaining on books at end of hospital year:			
In hospital(s)	50	48	98
On Conditional Discharge or otherwise absent		5	5
Total	50	53	103
Daily average in hospital(s)	39	55	94
Conditional Discharges Granted	4	4	8
Left without permission	21	21	42
Returned	25	18	43
Regular discharges	245	390	635
Statistical discharges	28	41	69
Types of admissions:			
Voluntary	89	160	249
Medical Certificate, Non-Judicial	22	25	47
Medical Certificate, Emergency	23	27	50
Judrcial	1		1
Court Order	1		1
Order of Governor			
Order of Mental Health Commission			
Other	107	176	283
Total	243	388	631

C. M. TUCKER, JR. HUMAN RESOURCES CENTER

GENERAL STATISTICS

FY 1974 - 1975

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	187	98	285
On Conditional Discharge or otherwise absent	45		45
Total	232	98	330
Admissions during twelve months:			
First admissions	2	5	7
Re-admissions		3	3
Transferred in	39	22	61
Total received	41	30	71
Total on books during twelve months	274	128	402
Discharged from books during twelve months	65	1	66
Died during twelve months	19	17	36
Transferred out	18	2	20
Total separated	102	20	122
Patients remaining on books at end of hospital year:			
In hospital(s)	167	108	275
On Conditional Discharge or otherwise absent	4		4
Total	171	108	279
Daily average in hospital(s)	176	104	280
Conditional Discharges Granted	16		16
Left without permission	13		13
Returned	17		17
Regular discharges	12	1	13
Statistical discharges	53		53
Types of admissions:			
Voluntary	2	2	4
Medical Certificate, Non-Judicial		6	6
Medical Certificate, Emergency			
Judicial			
Court Order			
Order of Governor			
Order of Mental Health Commission			
Other			
Total	2	8	10

ALCOHOL AND DRUG ADDICTION CENTER

GENERAL STATISTICS

FY 1974 - 1975

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	34	6	40
On Conditional Discharge or otherwise absent			
Total	34	6	40
Admissions during twelve months:			
First admissions	237	57	294
Re-admissions	156	43	199
Transferred in	1		1
Total received	394	100	494
Total on books during twelve months	428	106	534
Discharged from books during twelve months	398	96	494
Died during twelve months			
Transferred out			
Total separated	398	96	494
Patients remaining on books at end of hospital year:			
In hospital(s)	30	10	40
On Conditional Discharge or otherwise absent			
Total	30	10	40
Daily average in hospital(s)	33	10	43
Conditional Discharges Granted			
Left without permission	1		1
Returned	1		1
Regular discharges	398	96	494
Statistical discharges			
Types of admissions:			
Voluntary	354	88	442
Medical Certificate, Non-Judicial	22	6	28
Medical Certificate, Emergency			
Judicial			
Court Order	8	1	9
Order of Governor			
Order of Mental Health Commission			
Other	9	5	14
Total	393	100	493

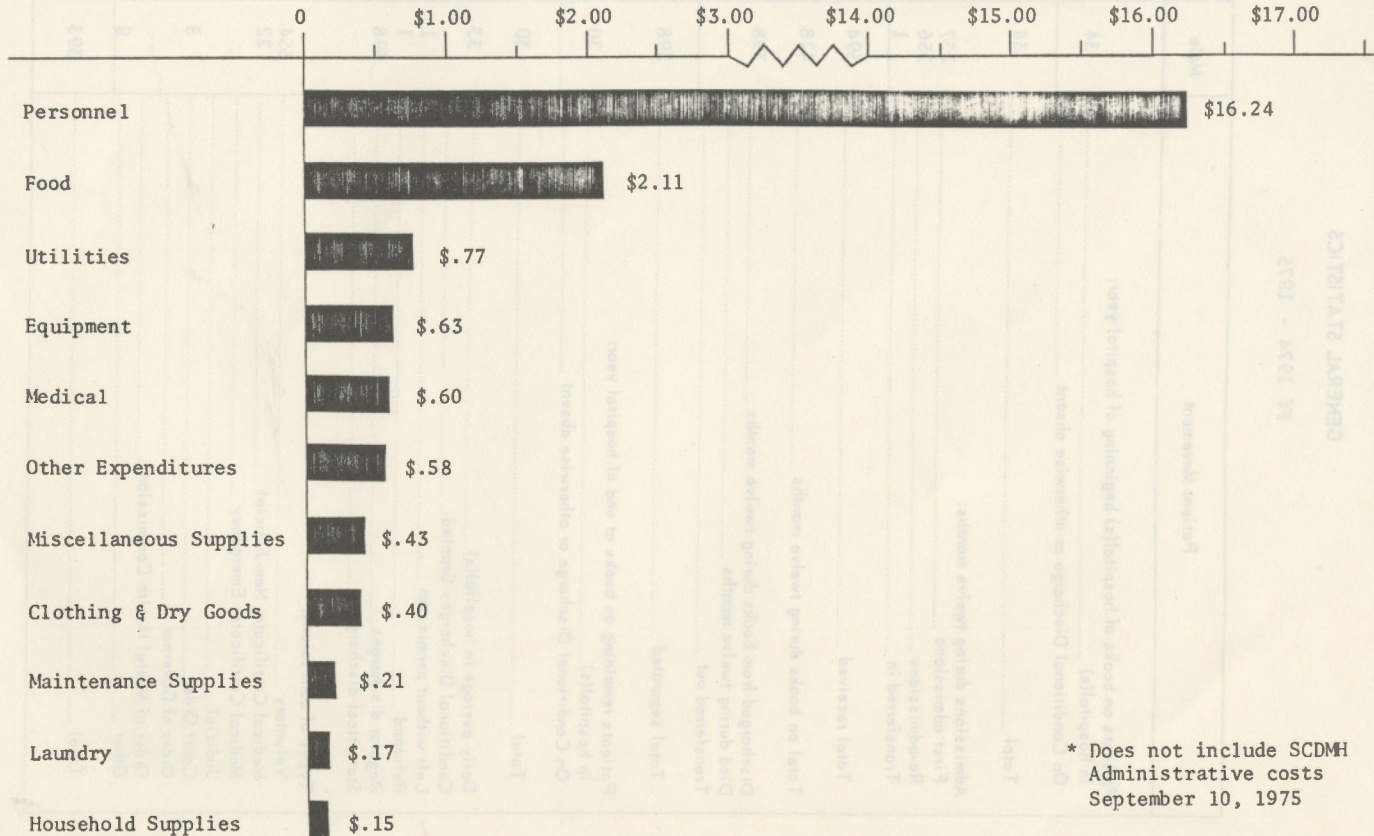
SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

HOSPITAL SERVICES

MAINTENANCE EXPENDITURE PER PATIENT PER DAY *

1974 - 1975

Total Expenditure -- \$22.29

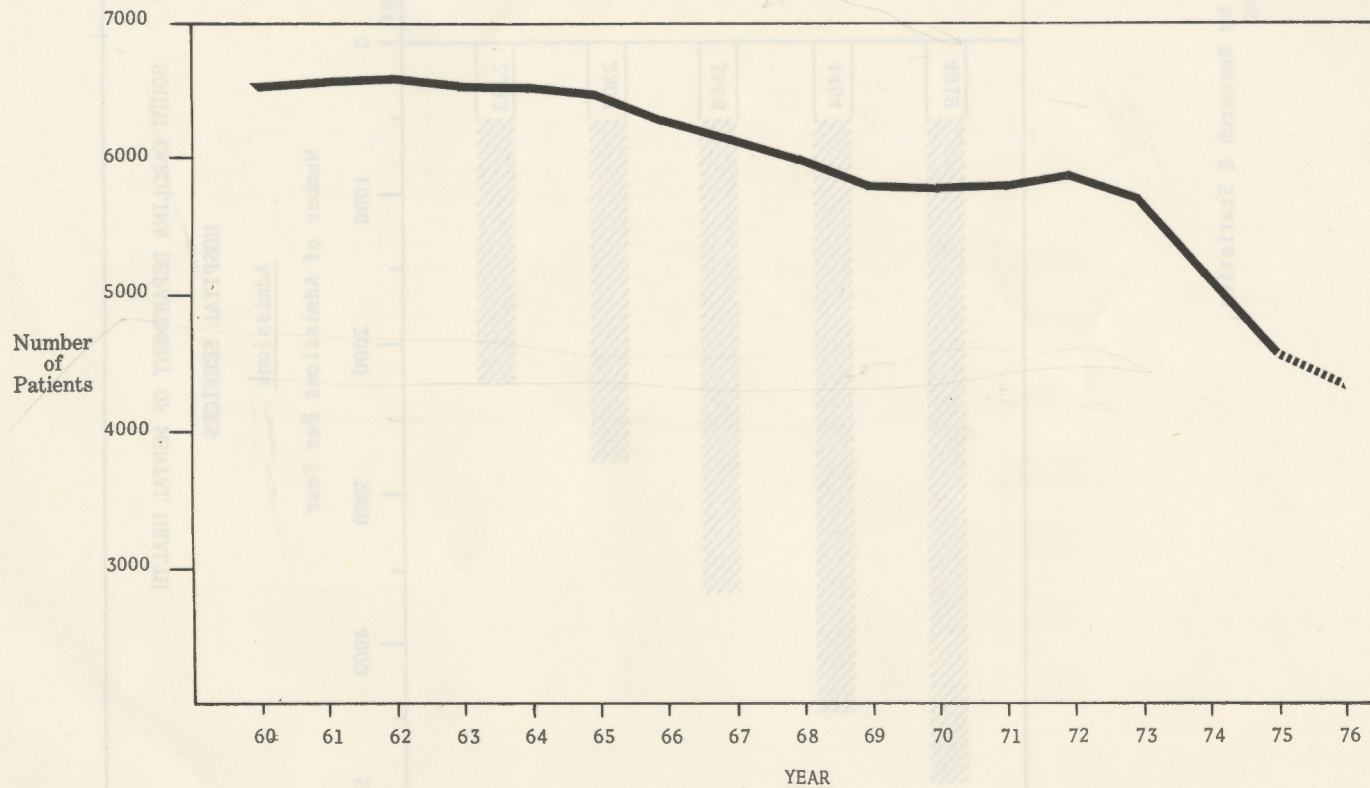


* Does not include SCDMH
Administrative costs
September 10, 1975

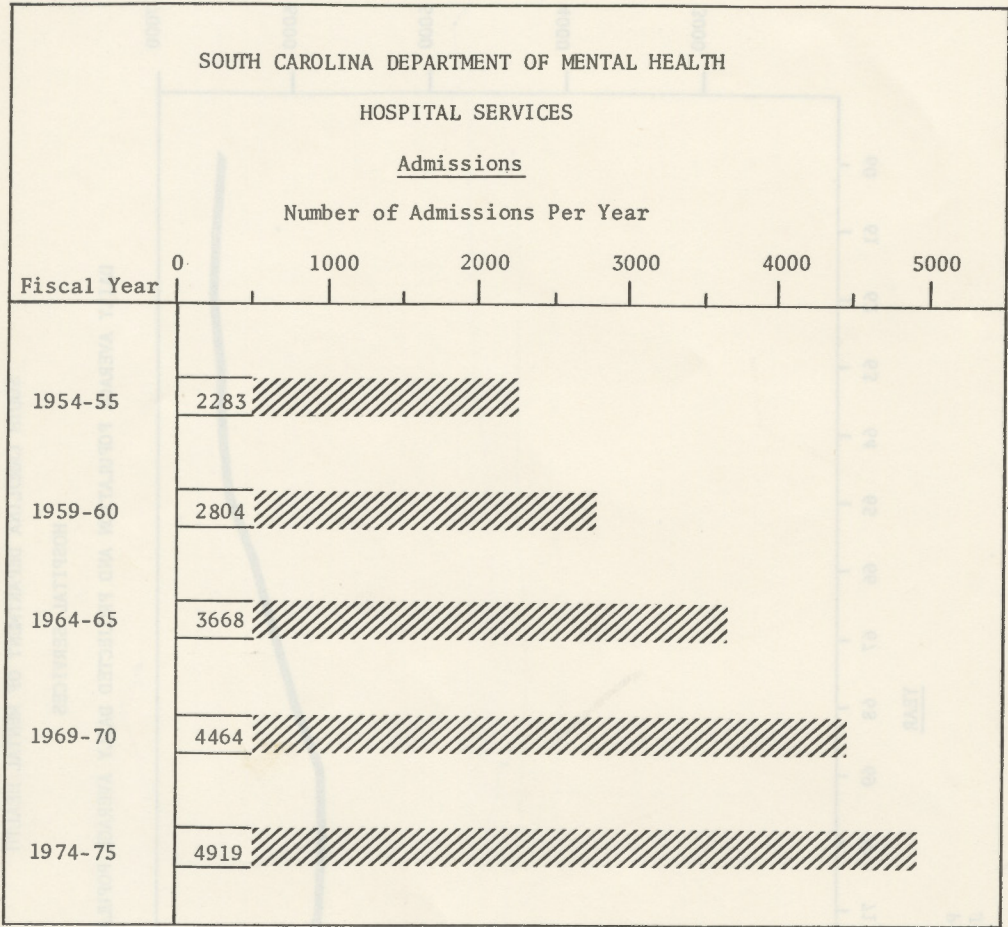
SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

HOSPITAL SERVICES

DAILY AVERAGE POPULATION AND PROJECTED DAILY AVERAGE POPULATION



Prepared by Research & Statistics
July, 1975



Prepared by Research & Statistics
July, 1975

Number of Admissions

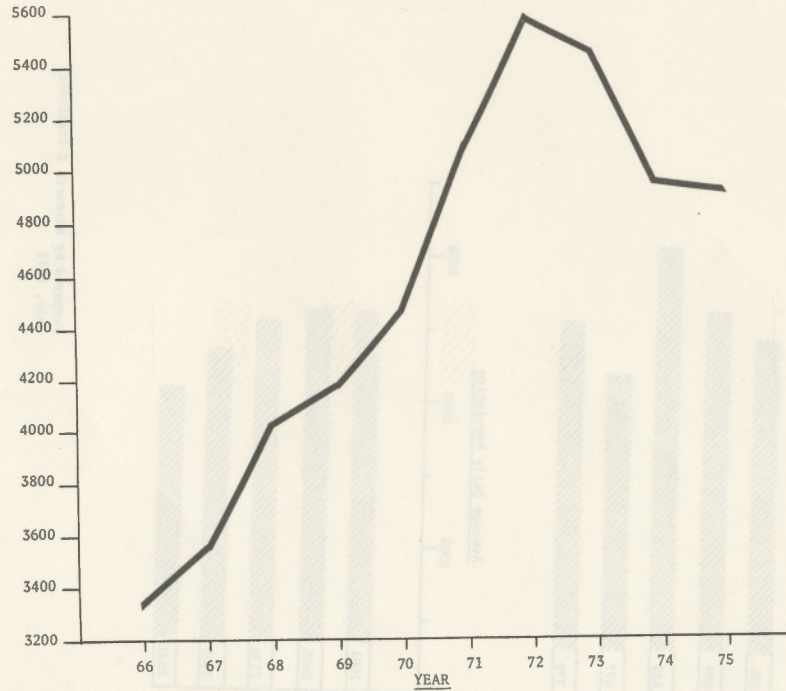
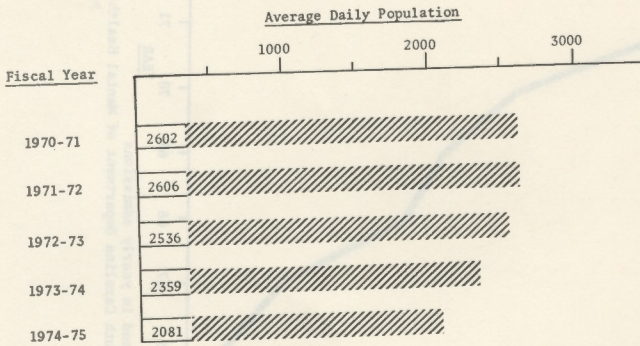
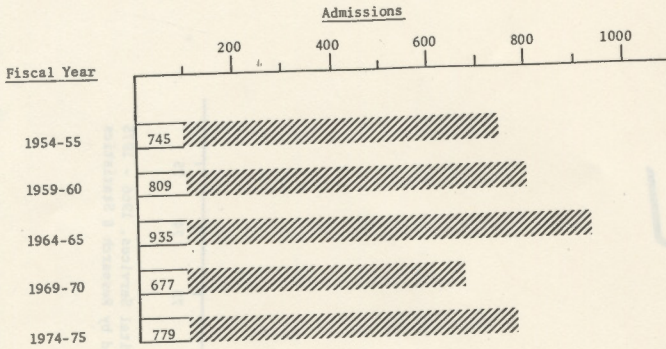


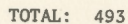
Figure 1 Trend in yearly admissions
South Carolina Department of Mental Health--Hospital Services, 1966 - 1975
Prepared by Research & Statistics

CRAFTS-FARROW STATE HOSPITAL



Prepared by Research & Statistics
July, 1975

PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1974-75



C. M. TUCKER, JR. HUMAN RESOURCES CENTER

PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1974-75



WILLIAM S. HALL PSYCHIATRIC INSTITUTE

PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1974-75

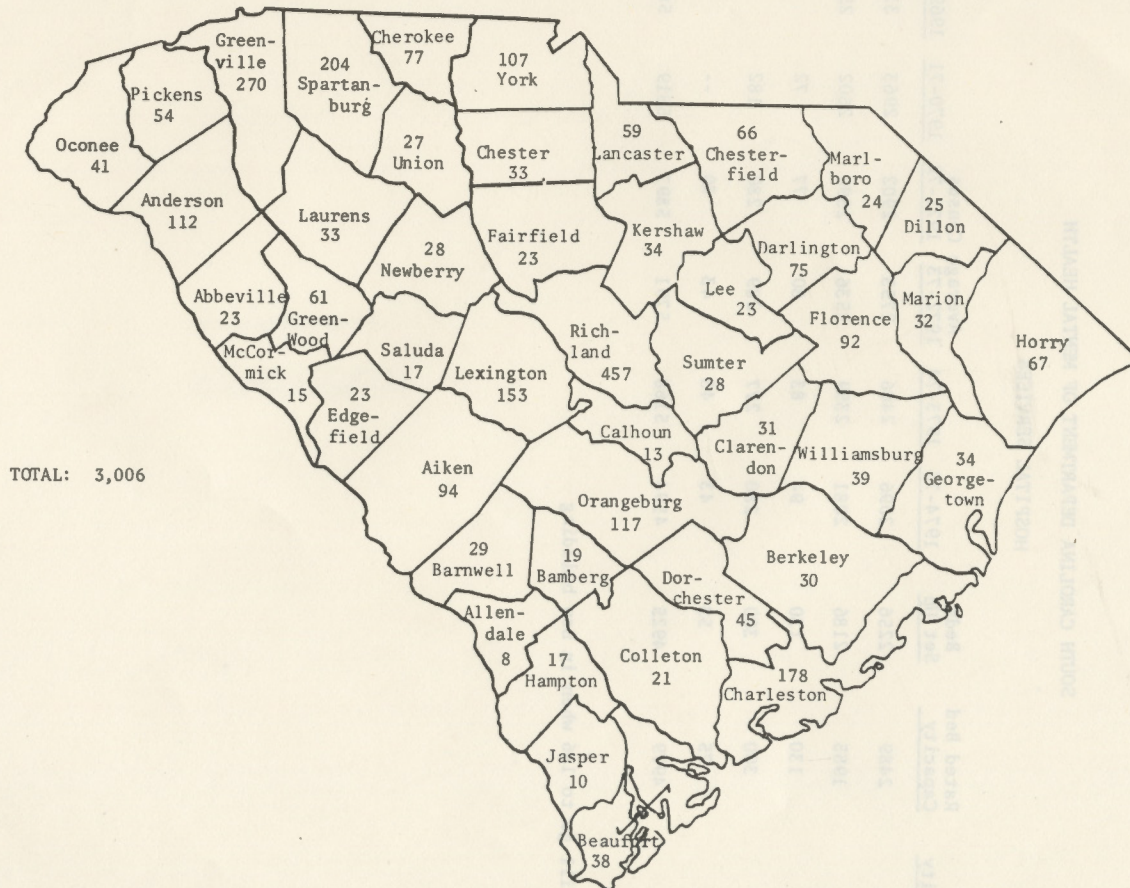


CRAFTS-FARROW STATE HOSPITAL

PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1974-75



PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1974-75



SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

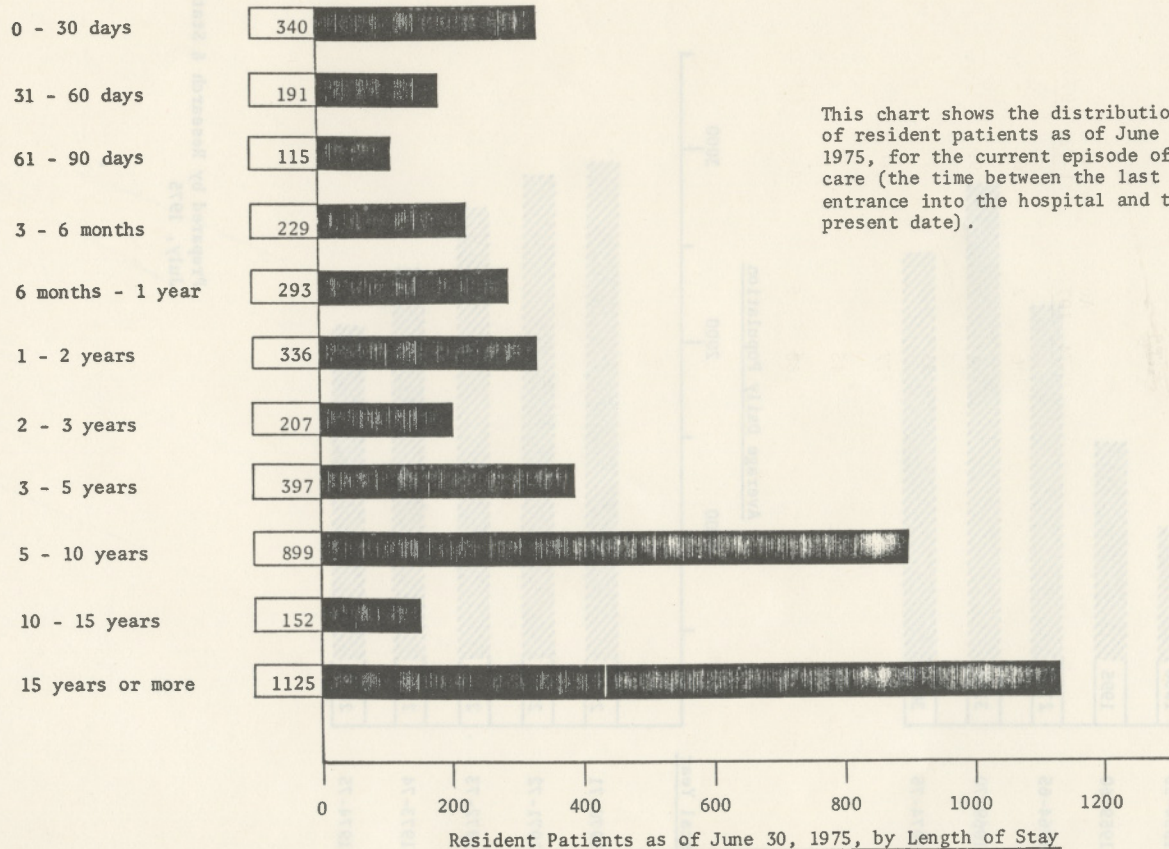
HOSPITAL SERVICES

<u>Facility</u>	<u>Rated Bed Capacity</u>	<u>Beds Set Up</u>	<u>1974-75</u>	<u>1973-74</u>	<u>Average Census 1972-73</u>	<u>1971-72</u>	<u>1970-71</u>	<u>1969-70</u>
SCSH	2489	2256	2096	2406	2753	2902	2963	3166
CFSH	1985	2186	2081	2359	2536	2599	2602	2569
WSHPI	130	130	94	83	80	77	72	66
THRC	300	300	280	277	289	280	182	--
ADAC*	75	53	43	43	43	39	--	--
TOTAL	4979	4925	4594	5168	5701	5897	5819	5801

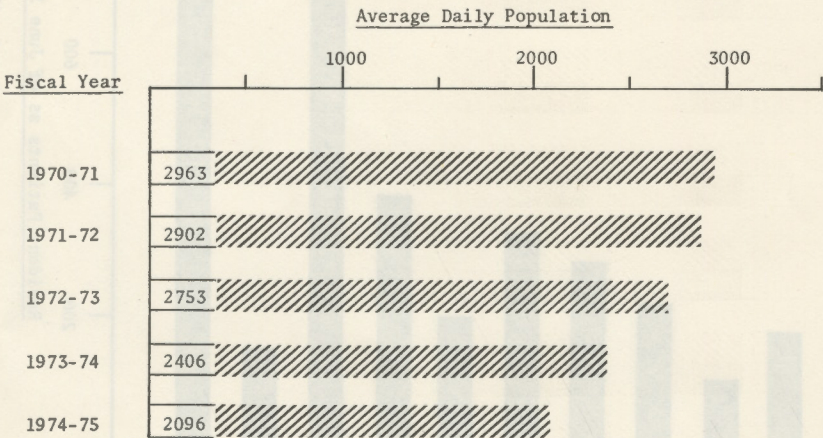
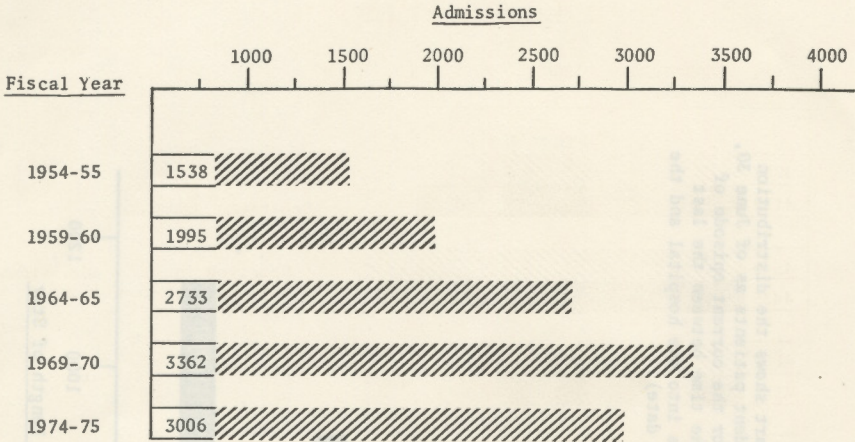
* Will go to 186 when in new building

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

HOSPITAL SERVICES

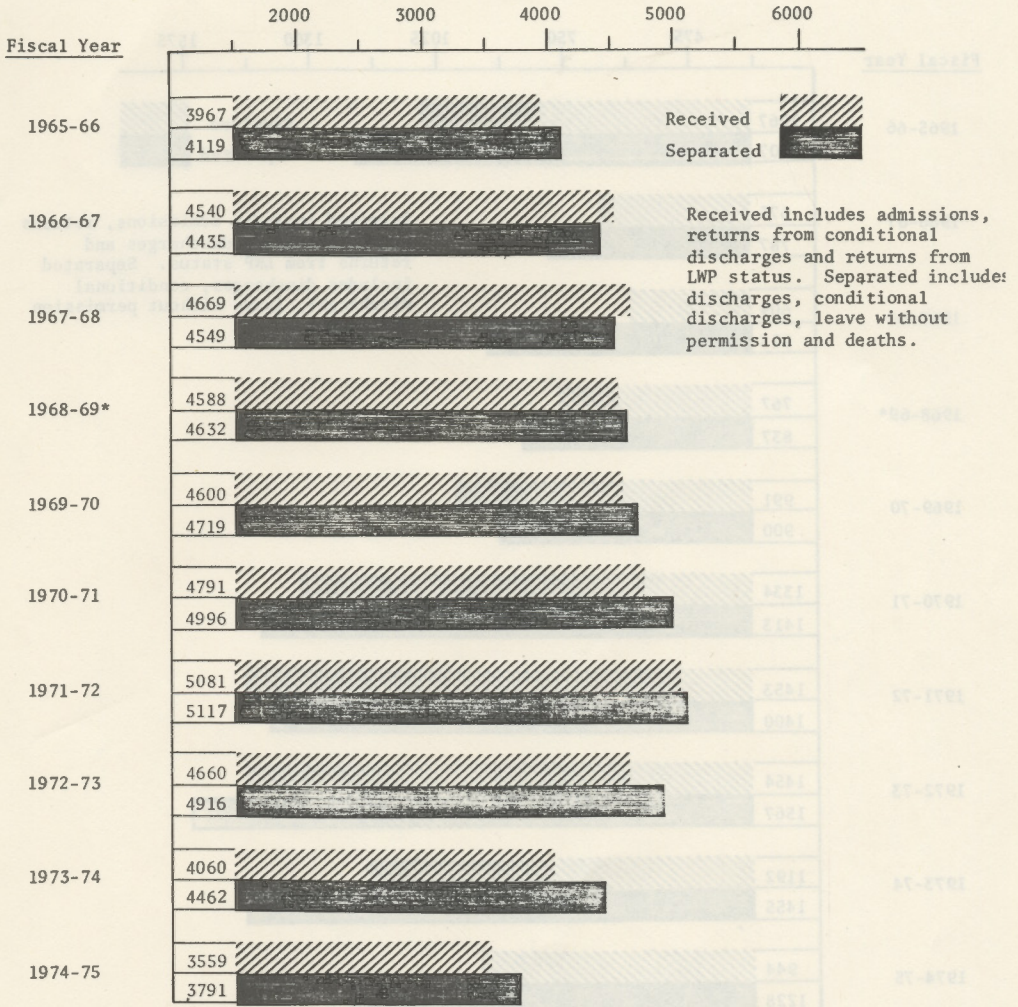


SOUTH CAROLINA STATE HOSPITAL



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July, 1975

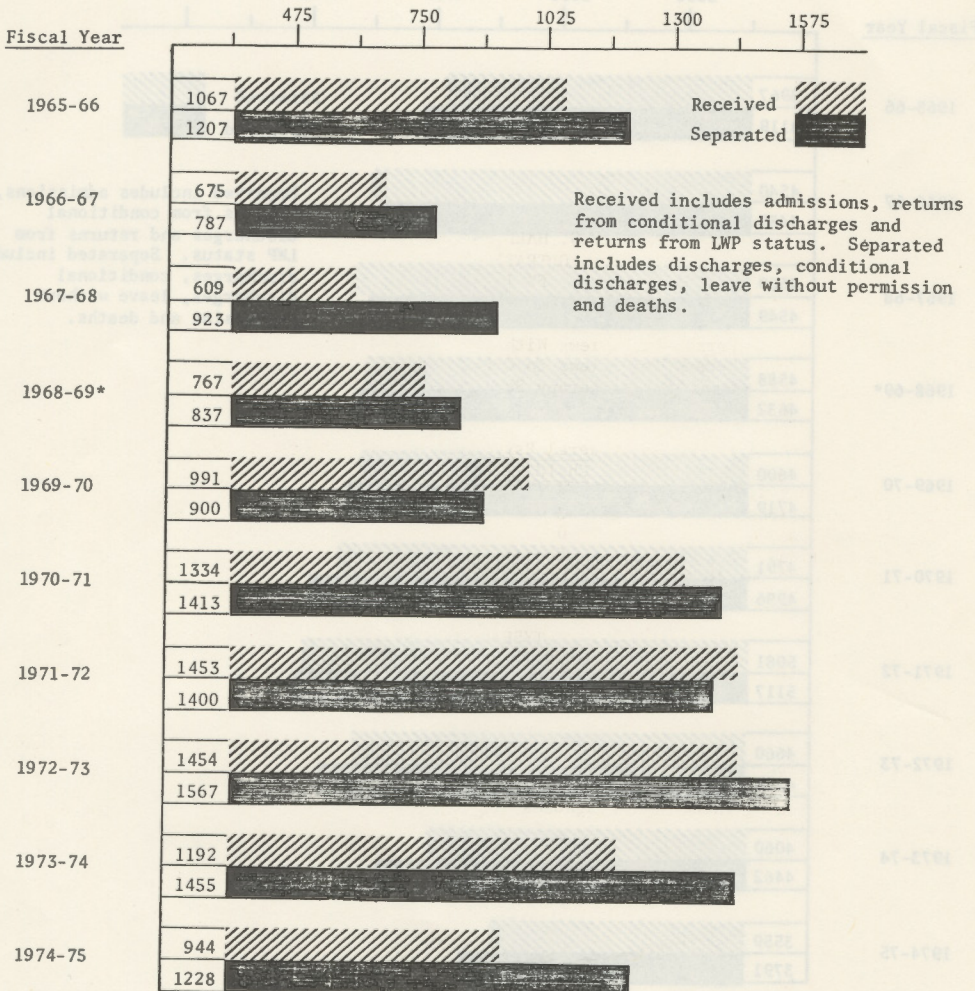
SOUTH CAROLINA STATE HOSPITAL
Patients Received and Separated



* Beginning with FY 1968-69:
 Received includes transfers in
 Separated includes transfers out
 (Previous years do not include transfers.)

Prepared by Research & Statistics
 July, 1975

CRAFTS-FARROW STATE HOSPITAL
Patients Received and Separated



* Beginning with FY 1968-69:
 Received includes transfers in
 Separated includes transfers out
 (Previous years do not include transfers.)

Prepared by Research & Statistics
 July, 1975

WILLIAM S. HALL PSYCHIATRIC INSTITUTE
OUTPATIENT SERVICES
FY 1974 - 1975

Person-Interviews With or About Patient	6,368
Person-Interviews in Group Psychotherapy	406
Group Psychotherapy Sessions	52

	<u>General Psychiatry</u>		<u>Neurology</u>		<u>Child Psychiatry</u>	
	<u>Child</u>	<u>Adult</u>	<u>Child</u>	<u>Adult</u>	<u>Child</u>	<u>Adult</u>
Census July 1, 1974	4	106	128	69	84	0
New Admissions	3	149	111	64	85	0
Readmissions	0	10	22	5	7	1
Terminations	5	140	51	13	71	0
Census June 30, 1975	2	125	210	125	105	1

TYPE OF SERVICE
RENDERED TO TERMINATED PATIENTS
FY 1974 - 1975

	<u>General Psychiatry</u>	<u>Neurology</u>	<u>Child Psychiatry</u>
Intake Application Only	16	43	9
Evaluation for Other Agencies	6	16	2
All Others Including Incomplete Diagnoses	6	2	7
Treatment Service	117	3	53
TOTAL	145	64	71

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

HOSPITAL EXPENDITURES

COMPARISON WITH OTHER STATES

Fiscal Year 1973-74

	Expenditures Per Patient Year	Expenditures Per Patient Day
Arkansas	\$26,342.05	\$72.17
Illinois	18,961.75	51.95
Colorado	18,286.50	50.10
Missouri	13,983.15	38.31
Pennsylvania	12,194.65	33.41
North Carolina	12,026.75	32.95
NATIONAL AVERAGE *	11,263.90	30.86
Maryland	10,544.85	28.89
Georgia	10,351.40	28.36
Florida	9,621.40	26.36
Louisiana	9,420.65	25.81
Alabama	8,785.55	24.07
SOUTHEASTERN AVERAGE	8,416.90	23.06
Texas	7,179.55	19.67
Tennessee	6,945.95	19.03
Virginia	6,814.55	18.67
South Carolina	5,558.95	15.23
Mississippi	4,109.90	11.26

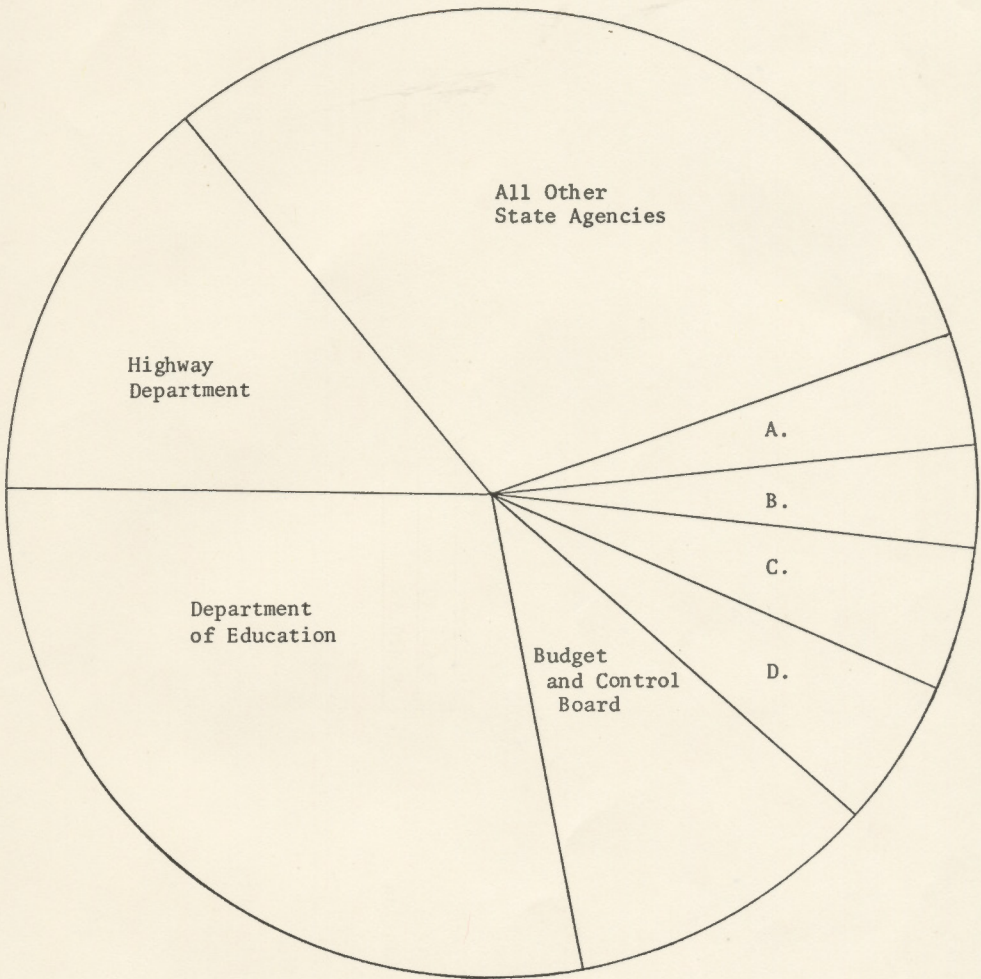
48th among the states

* Estimated

SOURCE: National Institute of Mental Health

STATE OF SOUTH CAROLINA
APPROPRIATIONS FOR FY 1974 - 1975

A PIE CHART



- A. Department of Mental Health
- B. Medical University of South Carolina
- C. Other Health Agencies
- D. Department of Social Services

